Statistical Supplement

Alberta Health Care Insurance Plan

1990-91

Alberta
HEALTH

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Preface

This publication is a statistical supplement to the Annual Report of Alberta Health, covering the fiscal year ended March 31, 1991. It contains supplementary statistical data concerning the Alberta Health Care Insurance Plan.

Included in this volume are statistics relating to health care services which were paid by Alberta Health Care, on behalf of registered residents of Alberta, during the 1990-91 fiscal year. Wherever possible, statistics for previous years are shown for comparisons to be made.

Financial Statements for the Alberta Health Care Insurance Plan are contained in the Department's Annual Report.

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Alberta residents registered under the Alberta Health Care Insurance Plan are entitled to specified benefits for Basic Health Services at approved rates. Alberta Health Care also provides premium-free Alberta Blue Cross benefits and Extended Health Benefits for residents aged 65 and older and for their spouses and dependants, as well as for widows and widowers aged 55 to 64 years receiving the Alberta Widows' Pension and for their dependants. Coverage for Alberta Blue Cross benefits on an individual (non-group) basis is also available through Alberta Health Care at reduced rates to residents who are unable to obtain Blue Cross coverage though an employer.

The following section contains some highlights concerning the coverage and payments for benefits under the Alberta Health Care Insurance Plan during the twelve month period from April 1, 1990 to March 31, 1991:

Basic Health Services

Registration

- During the year, the number of persons entitled to Basic Health Services increased 1.73% to 2,612,691 and the number of registrations increased 1.65% to 1,203,864.
- The number of registrations receiving coverage at reduced premium rates decreased by 4.37% to 106,499 as follows:

	Registrations March 31, 1991	Registrations March 31, 1990
Complete Subsidy (based on adjusted taxable balance)	91,765	95,567
Partial Subsidy (based on adjusted taxable balance)	14,734	15,794
Total Subsidized Registrations	106,499	111,361

- The number of registrations in the 65 years of age and older group, who were exempted from premium payment, increased 3.41% to 184,740 and the number of persons covered increased by 3.45% to 269,584.
- The number of registrations with Alberta Widows' Pension coverage decreased by 5.50% to 3,108 and the number of persons covered decreased by 5.29% to 3,435. This group received premium-free coverage.
- The number of registrations in the social allowance recipient group, who received premium-free coverage, increased 3.98% to 67,131 and the number of persons covered increased 4.80% to 138,659.
- The number of registrations who did not qualify for the 100% subsidy or social allowance, yet were granted waiver of premium due to current financial difficulties, increased by 0.60%, from 5,158 registrations in 1989-90 to 5,189 registrations in 1990-91.
- The number of registrations who chose to opt out of Alberta Health Care decreased by 2.56% from 78 at March 31, 1990 to 76 at March 31, 1991. This involved 205 persons who were responsible for paying their own health services.

Payment of Benefits

- Total fee-for-service payments for Basic Health Services provided to Alberta residents by practitioners in Alberta increased by 8.19% to $836,101,131 from $772,810,992 in 1989-90.
- Fee-for-service payments for Basic Health Services provided to Alberta residents by practitioners in Alberta and their percentage changes over the previous year were:

Medical	$747,982,237	a	7.81% increase
Oral Surgery	$ 10,974,760	a	14.58% increase
Chiropractic	$ 29,176,338	a	6.89% increase
Optometry	$ 18,095,002	a	16.45% increase
Podiatry	$ 4,053,920	a	6.83% increase
Physical Therapy	$ 25,818,874	a	13.29% increase
Total	$836,101,131	an	8.19% increase

- The number of Alberta practitioners who received payments during the year and the percentage changes from the previous year were:

Physicians	4,111	a	3.37% increase
Dental Surgeons	1,144	a	4.09% increase
Chiropractors	364	a	3.12% increase
Optometrists	222	a	4.72% increase
Podiatrists	26		no change
Physical Therapists	504	a	9.09% increase
Total	6,371	a	3.95% increase

- The average fee-for-service payments to Alberta practitioners and the percentage changes over the previous year were:

Physicians	$181,947	a	4.29% increase
Dental Surgeons	$ 9,593	a	10.06% increase
Chiropractors	$ 80,155	a	3.66% increase
Optometrists	$ 81,509	an	11.20% increase
Podiatrists	$155,920	a	6.83% increase
Physical Therapists	$ 51,228	a	3.85% increase

- Increases in the number of Alberta physicians were registered in all of the specialty groups. The number of physicians and the changes over the previous year were:

General Practitioners	2,255	a 2.64% increase of	58
Medical Specialists	1,039	a 6.13% increase of	60
Surgical Specialists	575	a 2.68% increase of	15
Laboratory Specialists	242	a 0.41% increase of	1
All Practitioners	4,111	a 3.37% increase of	134

- Average fee-for-service payments to Alberta physicians and the percentage changes over the previous year were:

General Practitioners	$137,487	a 4.44% increase
Medical Specialists	$137,550	a 4.44% increase
Surgical Specialists	$237,216	a 5.67% increase
Laboratory Specialists	$655,517	a 5.37% increase
All Practitioners	$181,947	a 4.29% increase

- Among medical and surgical specialists in Alberta, the five specialties with the highest average fee-for-service payments were:

Dermatologists	$388,631
Ophthalmologists	$340,658
Cardiovascular & Thoracic Surgeons	$305,261
Rhino-Otolaryngologists	$287,429
Obstetricians-Gynaecologists	$243,279

- The number of medical services per Alberta physician increased to 7,563 from 7,174 in 1989-90, a growth of 5.42%. On the other hand, the number of discrete patients per practitioner decreased by 1.06%, from 566 in 1989-90 to 560 in 1990-91.

- Visit services accounted for nearly one half of the total fee-for-service payments to Alberta physicians in 1990-91 (48.08%). Approximately one quarter (25.87%) of the total payment was for pathology, radiology and other diagnostic related services (15.19%, 4.38% and 6.30%, respectively).

- The number of medical services (provided in Alberta) per 1,000 insured persons rose by 7.13% to 11,901. The percentage changes by type of service ranged from an increase of 21.74% to a decrease of 2.92%. A large increase was registered in obstetrical services (21.74%). Increases were also registered in office visits (14.63%), other diagnostic and therapeutic services (5.36%), consultations (5.00%), minor surgery (4.76%), major surgery (4.21%), radiology services (2.62%), anaesthesia (2.35%) and pathology services (0.94%). Decreases occurred for special visits (-1.52%), surgical assists (-2.86%) and hospital visits (-2.92%).

- The number of persons who received at least one medical service increased by 2.23% to 2,302,296 in 1990-91 from 2,252,060 in 1989-90.

- Of the 2,302,296 discrete patients who received at least one medical service during 1990-91, 32.82% received not more than $100.00 in services. Another 21.87% received more than $100.00 but not more than $200.00, while 21.63% received over $200.00 but not more than $400.00. The remaining 23.68% received more than $400.00 in services. This group of patients accounted for approximately 66% of the total fee-for-service payment in 1990-91.

- The cost per discrete patient (for services provided to Alberta residents by practitioners in Alberta) for Basic Health Services and the percentage changes from the previous year were:

Medical	$324.89	a 5.46% increase
Oral Surgery	$237.63	a 1.00% decrease
Chiropractic	$101.86	a 2.75% increase
Optometry	$ 36.66*	an 8.43% increase
Podiatry	$ 84.69	a 3.34% increase
Physical Therapy	$176.90	a 4.91% increase
Total	$350.01*	a 5.84% increase

* Excludes retroactive payment adjustments for optometrists relating to the July 1, 1989 and 1990 fee increases.

Extended Health Benefits

- The total number of registered persons covered under the Extended Health Benefits (EHB) Program increased by 3.33% to 273,019. Of the covered population, 50.56% received at least one EHB service in Alberta during the year, up slightly from 49.92% in 1989-90.

- Fee-for-service payments for Extended Health Benefits, provided to Alberta residents by practitioners in Alberta, increased by 10.10% to $42,630,273 from $38,721,220 in 1989-90. The payments and the percentage changes from the previous year were:

Dentists	$26,036,129	an 11.22% increase
Denturists	$ 9,735,919	a 7.76% increase
Optometrists	$ 3,064,205	a 7.41% increase
Ophthalmic Dispensers	$ 3,794,020	a 10.85% increase

- The number of discrete patients for each EHB discipline (with the percentage increase from the previous year in parenthesis) were: Dentists - 86,606 (6.13%), Denturists - 25,374 (5.52%), Optometrists - 24,591 (1.83%) and Ophthalmic Dispensers - 30,553 (5.49%).

- The cost per discrete patient for services provided to Alberta residents by practitioners in Alberta and the percentage changes from the prior year were:

Dentists	$300.63	a 4.80% increase
Denturists	$383.70	a 2.12% increase
Optometrists	$124.61	a 5.48% increase
Ophthalmic Dispensers	$124.18	a 5.09% increase
Total	$308.83	a 5.19% increase

Alberta Blue Cross Non-Group Membership

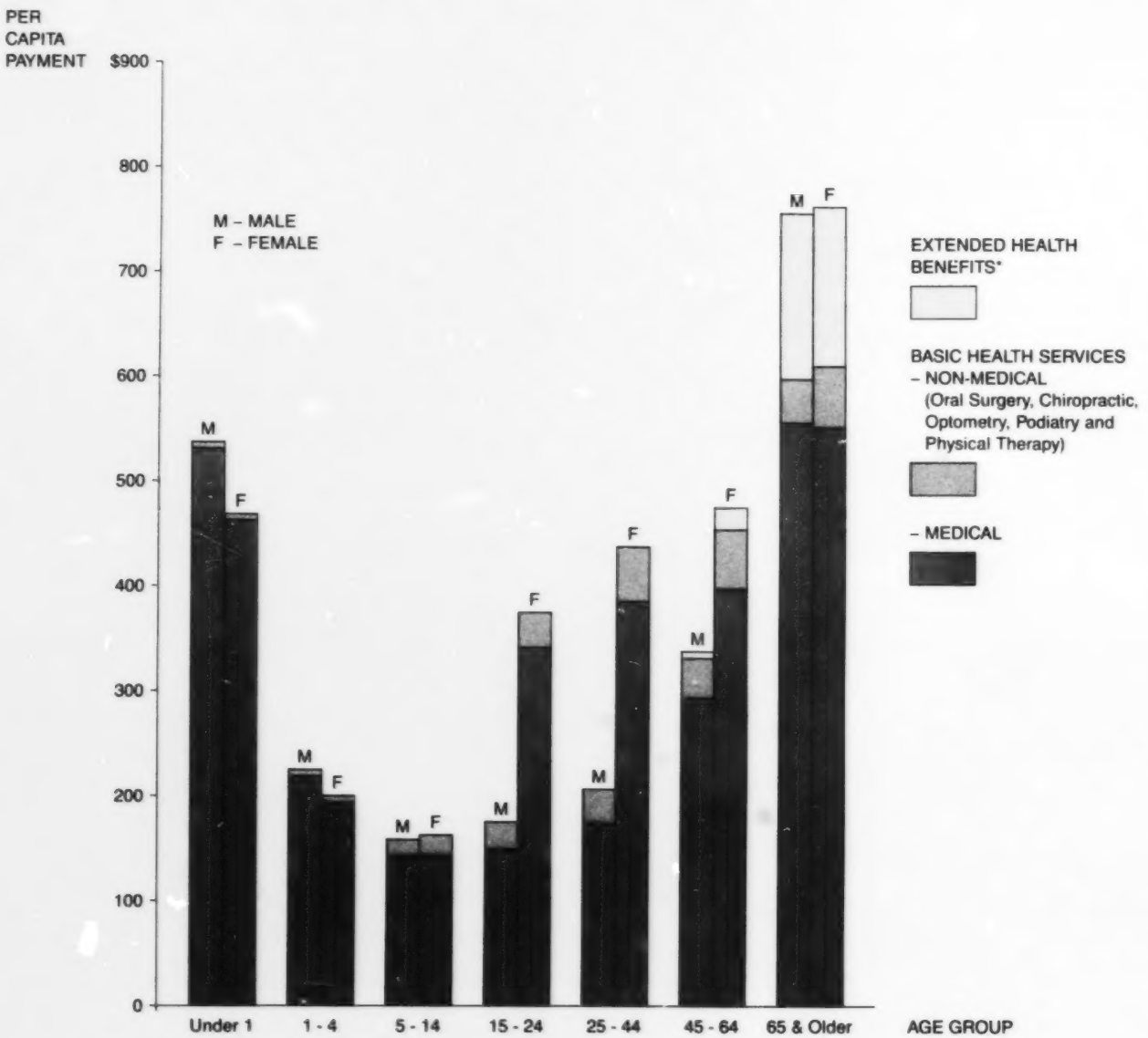
- The number of registrations with Alberta Blue Cross Non-Group coverage increased by 0.95% to 255,985 and the number of persons covered decreased slightly by 0.38% to 438,139.
- The number of registrations paying regular premiums decreased by 2.58% to 49,808 and the number of persons covered decreased by 3.56% to 121,941.
- The number of registrations receiving coverage at reduced premium rates decreased by 10.63% to 18,329 and the number of persons covered decreased by 12.16% to 43,179.
- The number of registrations who received premium-free coverage under the 65 years of age and older group and Widows' Pension group increased by 3.25% to 187,848 and the number of persons increased by 3.33% to 273,019.

NOTE: The payment data which appear in the highlights and in the statistical tables which follow are compiled on a date-of-payment basis. The Financial Statements of the Health Care Insurance Fund, which appear in the Departmental Annual Report, show expenditures on a date-of-service basis.

FIGURE 1

Distribution of Average Payments Per Person Covered for Basic Health Services and Extended Health Benefits by Age and Sex

For the Year Ended March 31, 1991



* Covers residents 65 years and older and their spouses and dependants, and widows and widowers receiving the Alberta Widows' Pension and their dependants.

NOTE: Where per capita payment was less than $1.00 it was not indicated.

FIGURE 2

Distribution of Persons Covered for Benefits by Age and Sex

At March 31, 1991

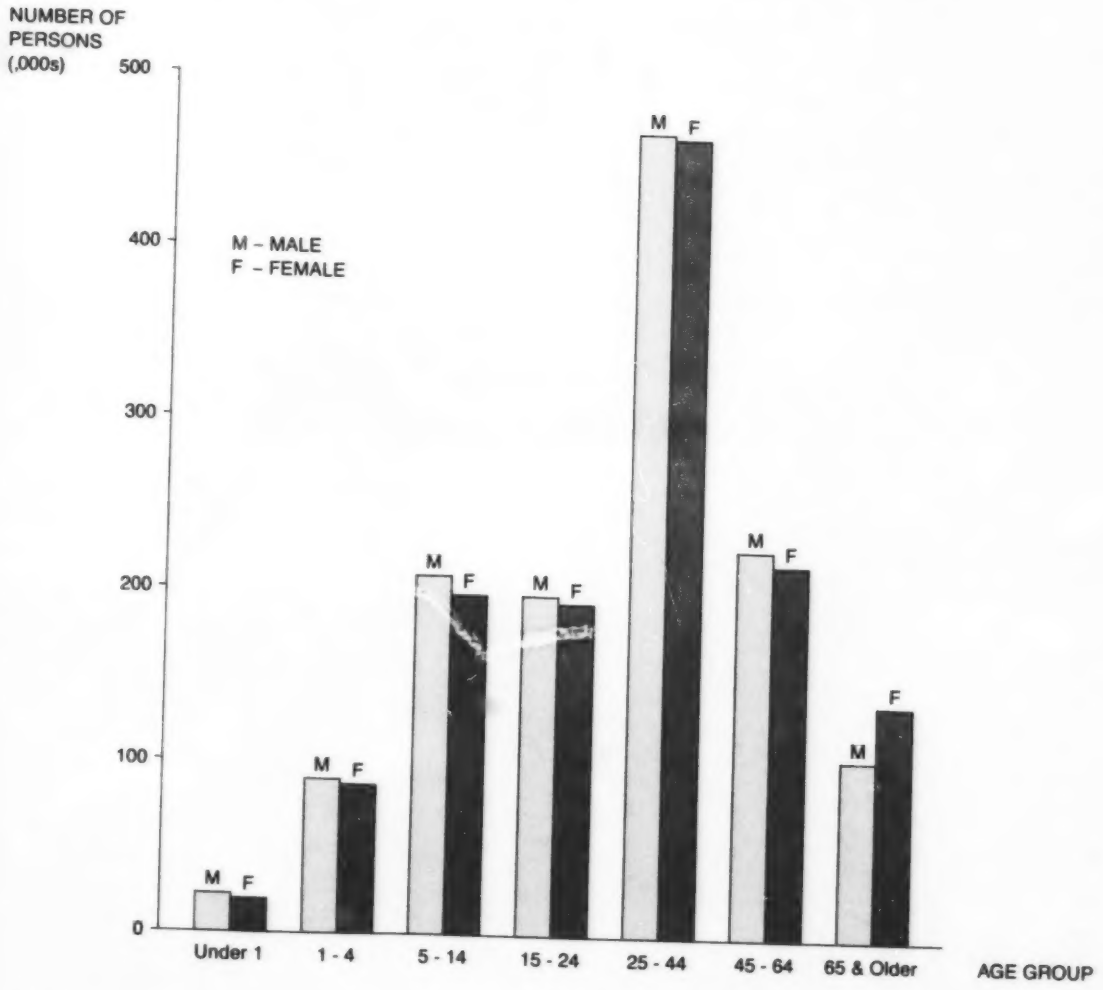


FIGURE 3

Number of Alberta Practitioners Who Received Payment for Basic Health Services From the Alberta Health Care Insurance Plan

For the Years Ended March 31

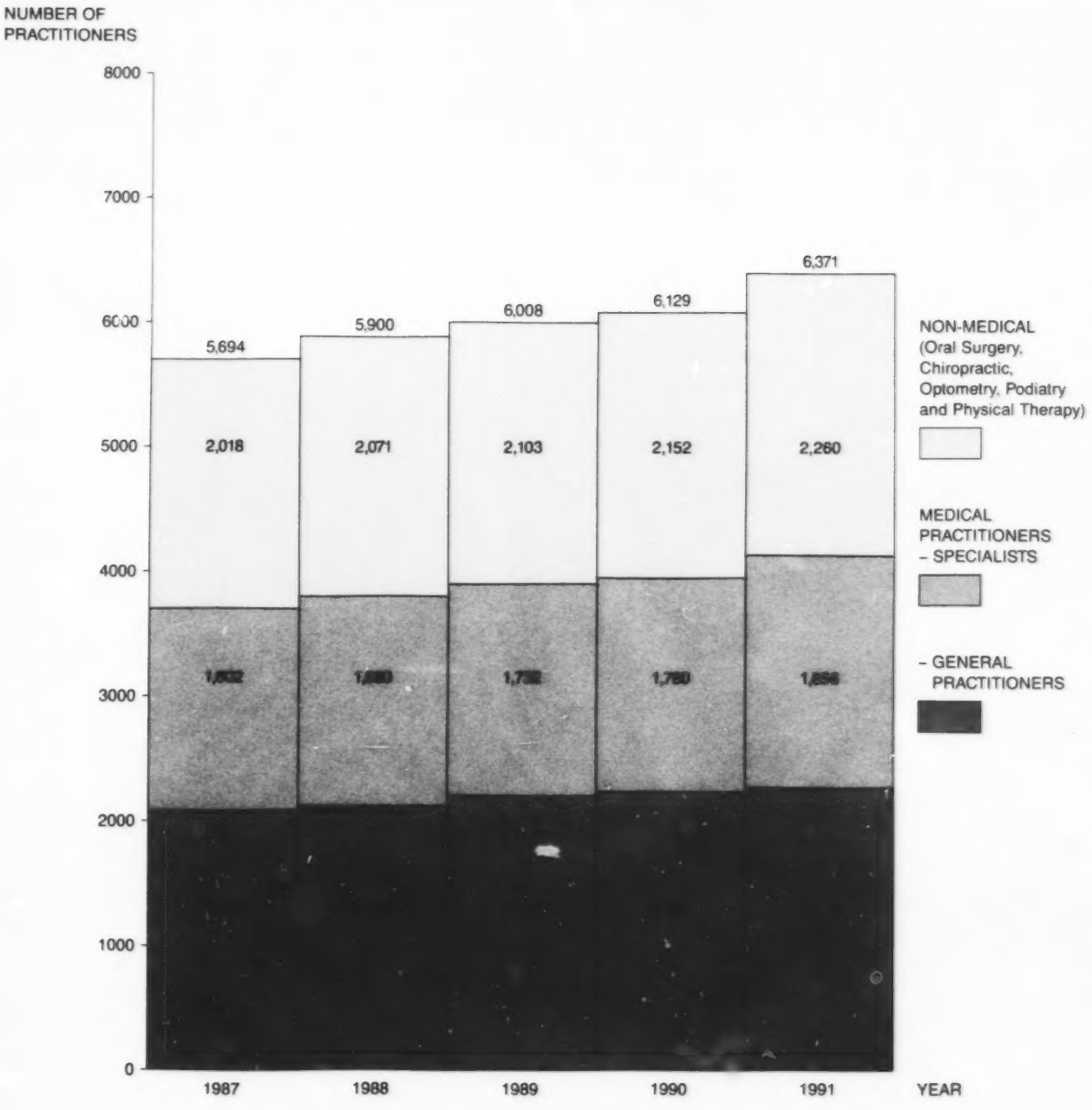
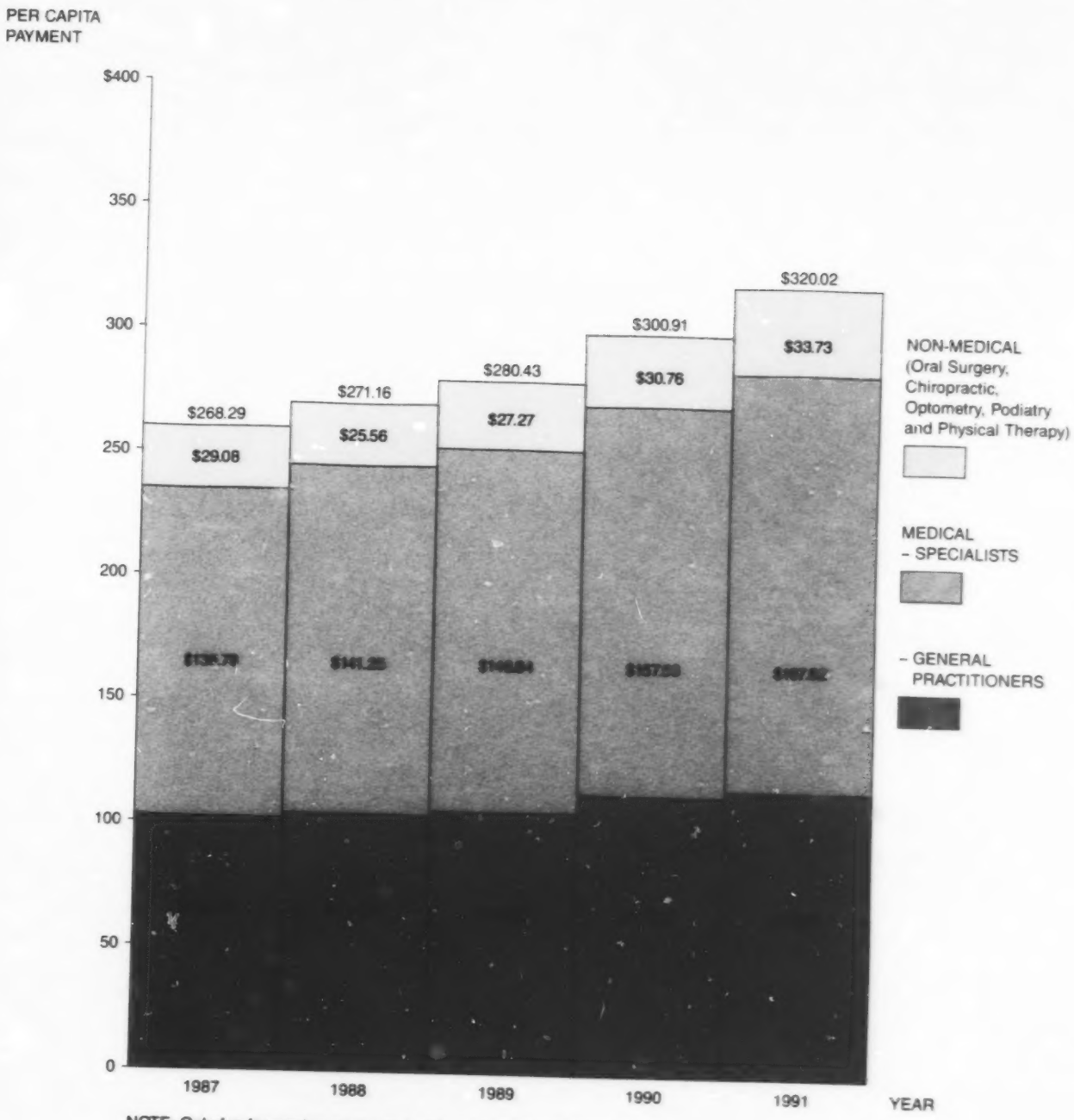


FIGURE 4

Average Payment Per Person Covered for Basic Health Services

For the Years Ended March 31

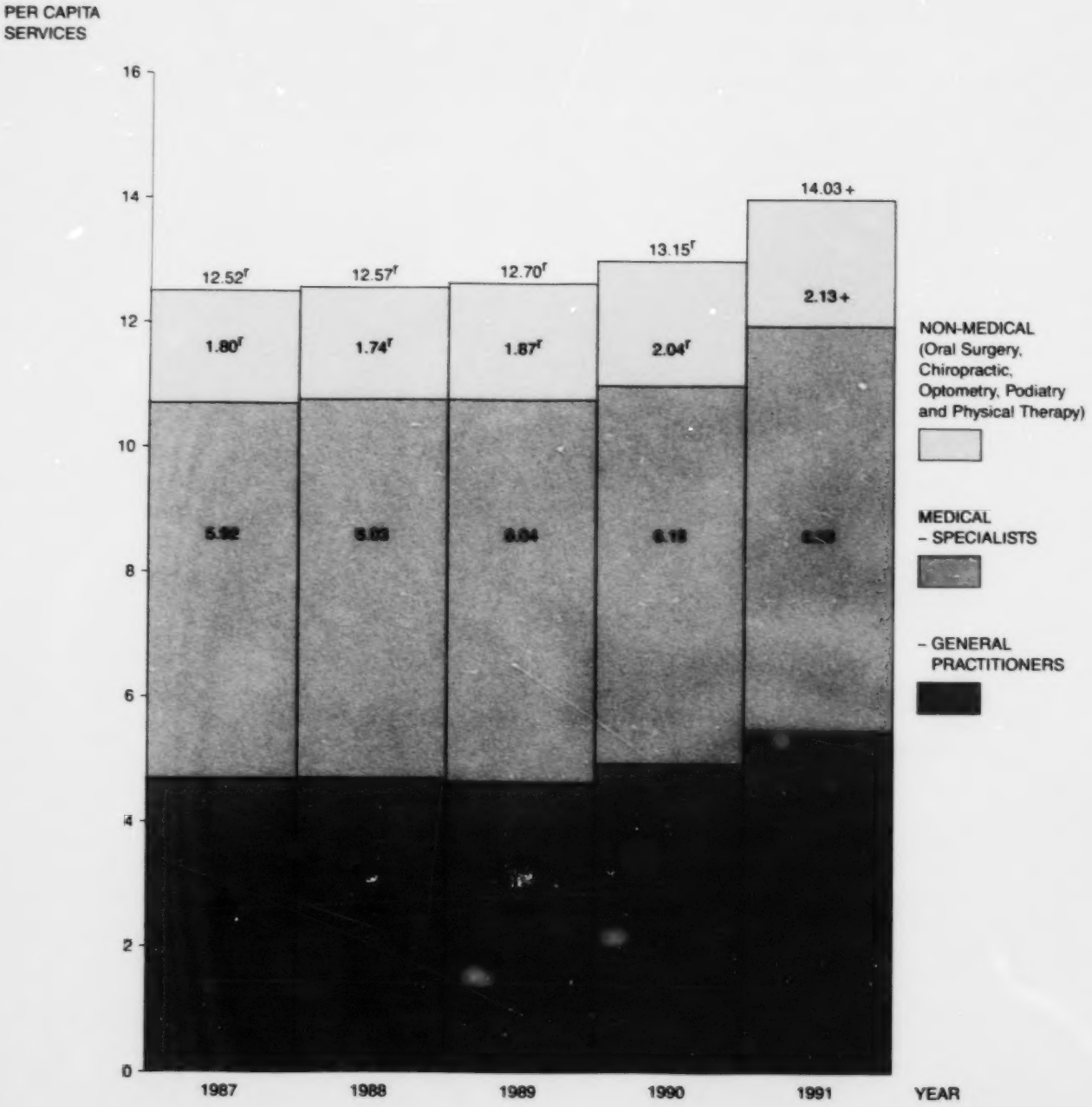


NOTE: Only fee-for-service payments to Alberta practitioners are included.

FIGURE 5

Average Number of Services Per Person for Basic Health Services

For the Years Ended March 31



r: revised

\+ Excludes retroactive payment adjustments for optometrists relating to the July 1, 1989 and 1990 fee increases.

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Explanatory Comments

The following are explanatory remarks relating to statistical tables tablulated from the registration and claims-payment files of the Alberta Health Care Insurance Plan.

(A) Registration

1. The coverage data reported are the actual registrations on the Alberta Health Care Insurance Plan files. These exceed the Statistics Canada provincial population estimates. The differences are accounted for by the Alberta Health Care Insurance Plan files being kept current by the continual processing of additions and deletions of persons, by persons being temporarily absent from the province for educational purposes and by registrants who have left the province but retain coverage for a period of three months.
2. The coverage figures do not include members of the Armed Forces and R.C.M.P., and inmates of Federal Penitentiaries.
3. The Alberta Widows' Pension Program was introduced on May 1, 1983 to assist widows and widowers of limited income and aged 55 and older but under age 65, by providing financial, housing and health care benefits similar to those received by Alberta senior citizens. Under the health care benefits portion of the Program, eligible persons and their dependants receive premium-free coverage under the Basic Health Services Program, Extended Health Benefits Program and Alberta Blue Cross Non-Group Membership.
4. Exemption from payment of premium for Basic Health Services and Alberta Blue Cross was granted to registrants aged 65 and older and to their spouses and dependants; and to widows and widowers receiving the Alberta Widows' Pension and to their dependants.
5. The premium payment levels indicated are those charged to registrants by the Alberta Health Care Insurance Plan.

(B) Claims-Payment

1. Payments to practitioners represent gross fee-for-service payments made by the Alberta Health Care Insurance Plan and represent neither the total income nor the net income of a practitioner.
2. The payment data are tabulated and reported on a date-of-payment basis.
3. Payments include only fee-for-service payments to practitioners for services which were provided to Alberta residents.
4. Payments for Basic Health Services provided to injured workers coming under the Workers' Compensation Act, which are recoverable from the Workers' Compensation Board, are not included in the payment data.
5. The payment data exclude certain adjustments and off-line payments.
6. Under the Extended Health Benefits Program, the Alberta Health Care Insurance Plan paid a portion of the cost of eyeglasses, dentures and dental care for registrants 65 years of age and older and for their spouses and their dependants; and for widows and widowers receiving the Alberta Widows' Pension and for their dependants.
7. The number of discrete patients is defined as the number of different registered persons receiving at least one service during the period reported.
8. With the exception of 1) practitioners who provide a locum tenens for another practitioner, and 2) claims for laboratory and radiology services, each practitioner must claim for the services which he/she provides.
9. Practitioners may assign the payments to which they are entitled to a clinic of which they are members, and this arrangement is between the practitioner and the clinic. These assignments are recorded as payments to the practitioner who provided the services.
10. Average payment is the arithmetic mean payment. Median payment is the middle payment when all payments are arranged according to size.
11. Osteopathic services were classified as medical services effective October 10, 1973. They were included in medical services for the entire year ended June 30, 1974 and for all subsequent years.
12. The specialty distribution of medical practitioners is based on their specialty as at the end of the fiscal year.
13. A new medical specialty of emergency medicine was established for purposes of statistical reporting, beginning with the 1986-87 fiscal year. This new specialty consists of physicians who have a specialty certification in emergency medicine.
14. A new surgical specialty of cardiovascular and thoracic surgery was created for purposes of statistical reporting, beginning with the 1987-88 fiscal year. This new specialty consists of physicians who have a specialty certification in either cardiovascular surgery or thoracic surgery.
15. Physicians who have a certification in general surgery, as well as in either caradiovascular or thoracic surgery, were included in the specialty of cardiovascular and thoracic surgery beginning with the 1987-88 fiscal year.

16. To make statistical data more manageable, a grouping of medical practitioners is necessary for certain crosstabulations. The grouping consists of (i) General Practitioners, (ii) Medical Specialists, (iii) Surgical Specialists and (iv) Laboratory Specialists. The Medical Specialists group is composed of anaesthetists, dermatologists, internists, neurologists, paediatricians, psychiatrists, physiatrists, and emergency medicine physicians. The Surgical Specialists group is made up of general surgeons, urologists, neurological surgeons, obstetricians-gynaecologists, ophthalmologists, rhino-otolaryngologists, orthopaedic surgeons, plastic surgeons, and cardiovascular and thoracic surgeons. The Laboratory Specialists group consists of pathologists and pathology laboratories, radiologists and radiology laboratories and other laboratories such as E.E.G. (electroencephalogram) laboratories.

17. The Alberta Health Care Insurance Plan changed its procedure for the billing of laboratory services by medical practitioners within clinics. Effective August 1, 1987, all existing pathology and radiology laboratories within clinics were assigned specific billing numbers if the laboratory facility was accredited by the College of Physicians and Surgeons of Alberta. If a clinic had both accredited pathology and radiology laboratories, a separate billing number was assigned to each laboratory facility. All new clinic laboratories were registered with specific billing numbers from this date onwards.

    Laboratory services provided on or after August 1, 1987 by these clinic laboratories were submitted and paid under the specific pathology and radiology billing numbers for the clinic. Prior to August 1, 1987, the laboratory services provided by these clinic laboratories were submitted and paid under the billing number of the practitioner in the clinic who ordered the service.

    Due to this change in billing procedure, the data for the specialties of laboratory/pathologists and laboratory/radiologists for 1987-88 and following years are not comparable to the data for previous years. Some caution, therefore, is recommended in the interpretation of these figures.

18. Some modifications in benefits available under the Alberta Health Care Insurance Plan were made effective August 1, 1987. The changes were as follows:

- Benefits payable to chiropractors, physical therapists and podiatrists were reduced by 12.5%.
- Benefits for services provided by dentists, which are covered under Alberta Health Care for non-surgical treatment of Temporo-Mandibular Joint (stress of the jaw joint), were reduced by 50%.
- Eye examinations for the purpose of prescribing eye glasses or contact lenses, or to determine if a change to prescription is required, continued to be included as an insured service for children 18 years of age and younger, for senior citizens and their dependants, and for widows and widowers receiving the Alberta Widows' Pension and their dependants. Fees paid by Alberta Health Care on behalf of seniors, widows and widowers, and children were set equal for both optometrists and ophthalmologists. For all other patients, eye examinations were no longer covered by Alberta Health Care.
- Some selected physician services which are not medically required were removed from the Fee Schedule. The majority of these relate to contraception and sterilization services, when not medically required.
- Senior citizens were not longer required to have a drivers' license medical at 70 years of age. Instead, the first medical is required at age 75, with the second at age 80 and every two years after that. These medicals continued to be covered by Alberta Health Care.
- The family coverage limits of $400.00 per benefit year for chiropractic, podiatric and physical therapy benefits were removed and only individual limits of $200.00 per year were applied.

19. Two modifications were made to the coverage under the Alberta Blue Cross Non-Group Plan effective August 1, 1987:

- Non premium-paying subscribers (seniors, widows and widowers receiving the Alberta Widows' Pension, and their dependants) were no longer eligible to receive coverage under the Alberta Blue Cross Non-Group Plan for preferred accommodations in active treatment hospitals. However, these persons are still eligible to receive preferred accommodations in active treatment hospitals as a benefit under the Alberta Hospitalization Benefits Plan, if it is medically required.
- The deductible for premium-payment subscribers for non-hospital accommodation benefits was increased to $50.00 from $15.00.

20. Effective April 7, 1988, selected physician services were reinstated as benefits under the Alberta Health Care Insurance Plan. Included was the reinstatement of consultation required under Section 20 of the Alberta Hospitals Act Regulations for sterilization, first caesarean section, D and C, or hysterectomy for patients under age 40; tubal litigations (ie., sterilization by laparotomy, laparoscopy or colpotomy); vasectomies; and insertion of I.U.D.s, including follow-up visits.

21. The Schedule of Medical Benefits was increased by 0.18% effective June 1, 1988 resulting from changes in the benefits payable for cardiothoracic and vascular surgery services.

22. Standard eye examinations by optometrists and ophthalmologists for the purpose of prescribing eye glasses or contact lenses were reinsured effective July 1, 1988 for persons aged 19 to 64 years, with a limit of one benefit every 2 consecutive benefit years. Also certain optometric benefits were added to the Schedule of Optometric Benefits effective July 1, 1988, including a benefit for a partial visual examination (2 or more single diagnostic procedures), and a benefit for an additional single procedure. The Schedule of Medical Benefits was increased by 0.35% effective July 1, 1988 resulting from an increase to $50.00 in the benefits payable for a complete eye examination or consultation by an ophthalmologist.

23. Effective July 1, 1988, the following benefits were reinstated:

- Physical Therapy benefits were increased to $19.60 from $17.15 per person per day. This restored the benefits to the rate prior to the August 1, 1987 reduction. In addition, the individual patient limit was raised by 50%, to $300 from $200 per benefit year.
- Chiropractic benefits per visit were increased to $12.00 from $10.50 and x-rays were increased to $19.90 from $17.40. This restored the benefits to the rates prior to the August 1, 1987 reduction. In addition, the individual patient limit was raised by 50%, to $300 from $200 per benefit year.
- Podiatry benefits were increased overall by about 14.29% under the approved schedule of fees. This reinstated podiatric benefits to the rates prior to the August 1, 1987 reduction. In addition, the individual patient limit was raised by 50%, to $300 from $200 per benefit year.

24. The number of physical therapy services which appear in this report is a count of the number of discrete patient encounters within benefit code with practitioner within service date.

25. Revisions to the Schedule of Physical Therapy Benefits were implemented effective September 1, 1990 to simplify the billing process through amalgamation of benefit codes and category groups. All services previously listed under category I were combined and claimed using benefit code 105. Services previously listed in categories II, III and IV of the Schedule were combined into benefit code 205.

    As a result of the change in the billing process for physical therapy services effective September 1, 1990, the number of benefit codes were reduced from 24 to 2. Data on the number of services for 1990-91 were complied on the basis of the new restructured schedule. Data for the previous years of 1986-87 to 1989-90 were revised to make them comparable with the 1990-91 data.

26. For the 1990-91 fiscal year, payments to psychiatrists/physicians under the psychiatric sessional billing arrangement were not an expenditure item under the Health Care Insurance Fund. As a result, payments to psychiatrists/physicians under this arrangement were not included in the 1990-91 payment data which appear in this report.

27. As a result of arbitration between the Minister and the Alberta Association of Optometrists respecting the benefits payable to participating optometrists for services covered under the Basic Health Services Program, fee increases of 10.24% and 3.00% were awarded by Arbitration Board to opted-in optometrists for the years ending June 30, 1990 and 1991. The fee increases were made retroactive to July 1, 1989 and 1990, respectively.

    As a result of these awards, the AHCIP was required to make retroactive payment adjustments to optometrists in situations where the initial claim had been submitted and paid under an old benefit rate. Some of the retroactive payment adjustments relating to the July 1, 1989 fee increase were made during the 1989-90 fiscal year, while the remainder were made during 1990-91. Some of the retroactive payment adjustments relating to the July 1, 1990 fee increase were made during 1990-91, while the remainder were made in 1991-92.

Note

The statistics in the following tables cannot be used as an accurate measure of a full-time practitioner's income as:

(1) practitioners receive income from other sources (e.g., Workers' Compensation Board, extra-billing, third party medicals, and for other services not covered by Alberta Health Care);

(2) both full-time and part-time practitioners are included in the statistics;

(3) the figures quoted are gross payments from which practitioners pay their office expenses.

Medical Benefits
Selected Indicators

For the Years Ended March 31

	1989	1990	1991	Percentage Change	
				1990/1989	1991/1990
Number of Registered Persons	2,518,973	2,568,211	2,612,691	1.95%	1.73%
Number of Medical Practitioners					
All Practitioners	3,905	3,977	4,111	1.84%	3.37%
General Practitioners	2,173	2,197	2,255	1.10%	2.64%
Medical Specialists	922	979	1,039	6.18%	6.13%
Surgical Specialists	571	560	575	-1.93%	2.68%
Laboratory Specialists	239	241	242	0.84%	0.41%
Total Medical Payments	$637,700,792	$693,813,313	$747,982,237	8.80%	7.81%
Total Number of Medical Services	27,276,842	28,531,275	31,093,396	4.60%	8.98%
Number of Medical Services Per Practitioner	6,985	7,174	7,563	2.71%	5.42%
Total Medical Payment Per 1,000 Persons	$ 253,159	$ 270,154	$ 286,288	6.71%	5.97%
Total Number of Services Per 1,000 Persons	10,829	11,109	11,901	2.59%	7.13%
Average Payments					
All Practitioners	$ 163,304	$ 174,456	$ 181,947	6.83%	4.29%
General Practitioners	123,251	131,648	137,487	6.81%	4.44%
Medical Specialists	123,048	131,704	137,550	7.03%	4.44%
Surgical Specialists	202,365	224,492	237,216	10.93%	5.67%
Laboratory Specialists	589,445	622,113	655,517	5.54%	5.37%
Median Payments					
All Practitioners	$ 127,324	$ 136,869	$ 141,201	7.50%	3.17%
General Practitioners	126,463	134,999	140,191	6.75%	3.85%
Medical Specialists	109,748	114,402	119,008	4.24%	4.03%
Surgical Specialists	198,661	218,784	225,174	10.13%	2.92%
Laboratory Specialists	36,355	32,314	39,548	-11.12%	22.39%
Discrete Patients (Medical)	2,195,125	2,252,060	2,302,296	2.59%	2.23%
Discrete Patients Per Practitioner	562	566	560	0.71%	-1.06%

NOTES: A. Only fee-for-service items paid to practitioners in Alberta are included.

B. See notes in "Explanatory Comments".

Decomposition of Changes in Annual Medical Payments Into Explanatory Factors on a Date-of-Payment Basis

TABLE 2

For the Years Ended March 31, 1983 to 1991

Year Ending March 31	Total(1) (%)	Payment Runs(2) (%)	Population(3) (%)	Price(4) (%)	Utilization	
					Capacity(5) (%)	Service Intensity(6) (%)
1983	28.82	2.48	2.58	15.19	1.52	7.05
1984	11.87	-2.19	0.71	5.88	0.71	6.76
1985	4.33	2.01	-0.10	0.50	0.47	1.45
1986	8.82	0.00	0.60	0.00	2.11	6.11
1987	9.06	-2.14	0.77	5.02	1.73	3.68
1988	3.46	0.00	0.50	1.18	-0.15	1.93
1989	4.66	0.00	1.16	1.81	0.49	1.20
1990	8.80	0.00	1.57	3.02	1.16	3.05
1991	7.81	0.00	1.83	2.94	0.15	2.89

METHOD:

Total Medical fee-for-service payments measured on a date-of-payment basis relate to services provided in the payment year, and to services provided in the previous year. Since date-of-payment data are sensitive to the number of cheque issuances, the data are adjusted by the Payment Runs variable, and as such, ensure comparability between the payment periods. In order to express changes in the annual amount of total payments in terms of changes in explanatory factors, which are measured on a date-of-service basis, it is necessary to apply an adjustment to those factors. The adjustment takes the form of weights applied to the annual change in each of the explanatory factors, and are derived from the proportion of payments associated with services provided in the payment year, and those associated with services provided in the previous year. The weights are required to account for any distortions caused by the lag between service date and payment date. Percentage change in total payments is expressed as the sum of percentage change in the explanatory factors. The factor decomposition is derived from the model of medical payments which states:

Total Payments = Population x Price x Capacity x Service Intensity

From which it follows that:

Change in Total Payments = Population Change + Price Change + Capacity Change + Service Intensity Change

NOTES:

(1) Percentage change in fee-for-service payments provided to Alberta residents by Alberta physicians measured on a date-of-payment basis.

(2) Percentage change in the amount of payments related to the number of cheque issuances made during the year.

(3) Percentage change in the eligible population.

(4) Percentage change in the Schedule of Medical Benefits.

(5) Percentage change in the ratio of the number of persons who had at least one physician encounter during the year, (discrete patient), to the eligible population.

(6) Percentage change in the benefit weighted number of services per discrete patient, which avoids assigning equal weights to each service. Otherwise, changes in the number of office visits and changes in the number of heart surgeries would be treated the same.

Medical Services Per 1,000 Insured Persons According to Type of Service

TABLE 3

For the Years Ended March 31, 1981 to 1991

Type of Service	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990	1991	Percentage Change (1991/1990)	Annual Average Percentage Change (1981-1991)
Consultations	214	222	250	281	307	319	333	346	346	380	399	5.00%	6.43%
Office Visits	3,217	3,195	3,511	3,731	3,993	4,176	4,410	4,515	4,533	4,689	5,375	14.63	5.27
Hospital Visits	693	665	728	792	824	839	818	740	693	685	665	-2.92	-0.41
Special Visits	142	136	107	87	88	105	89	117	140	132	130	-1.52	-0.88
Major Surgery	62	60	66	72	73	86	84	83	88	95	99	4.21	4.79
Minor Surgery	100	100	106	114	112	125	117	107	104	105	110	4.76	0.96
Surgical Assists	28	26	26	27	30	31	31	30	32	35	34	-2.86	1.96
Obstetrical Services	21	22	22	23	22	25	22	22	22	23	28	21.74	2.92
Anaesthesia	140	139	148	163	165	184	180	181	184	213	218	2.35	4.53
Radiology Services	284	269	288	289	309	316	330	342	338	344	353	2.62	2.20
Pathology Services	2,239	2,323	2,633	2,816	3,031	3,263	3,422	3,446	3,454	3,494	3,527	0.94	4.65
Other Diagnostic and Therapeutic Services	604	611	654	754	802	854	877	903	895	914	963	5.36	4.78
TOTAL	7,744	7,768	8,539	9,149	9,756	10,323	10,713	10,832	10,829	11,109	11,901	7.13	4.39

NOTES: A. Included are medical services provided in Alberta on a fee-for-service basis.

B. Special visits include routine home visits, emergency home visits and other home visits.

C. See notes in "Explanatory Comments".

Basic Health Services
Percentage Changes in the Schedule of Benefits

TABLE 4

Discipline / Effective Date	Medical	Oral Surgery	Chiropractic	Optometry	Podiatry	Physical Therapy(4)
	(%)	(%)	(%)	(%)	(%)	(%)
July 1, 1970	6.95	Nil	18.99	25.00	25.63	N.A.
November 1, 1972	0.62	Nil	Nil	Nil	Nil	N.A.
October 1, 1973	4.00	Nil	Nil	Nil	Nil	N.A.
October 1, 1974	4.00	Nil	Nil	Nil	Nil	N.A.
March 1, 1975	7.20	Nil	Nil	Nil	Nil	N.A.
January 1, 1976	9.00	9.00	9.00	9.00	9.00	N.A.
January 1, 1977	7.00	7.00	7.00	7.00	7.00	N.A.
January 1, 1978	6.47	6.47	6.47	6.47	6.47	N.A.
January 1, 1979	7.00	7.00	7.00	7.00	7.00	N.A.
January 1, 1980	15.50	10.50	9.00(1)	8.50	9.00	N.A.
January 1, 1981	15.40(2)	11.60	11.00	11.00	11.00	N.A.
January 1, 1982	16.47	9.00	13.00	13.00	13.00	14.18(5)
July 1, 1982	4.12(3)	Nil	Nil	Nil	Nil	Nil
January 1, 1983	5.00	5.00	5.00	5.00	5.00	6.00(6)
April 1, 1986	4.65	4.65	4.65	4.65	4.65	4.65
October 1, 1986(7)	1.53	0.33	Nil	Nil	Nil	Nil
August 1, 1987(8)	Nil	-45.16	-12.50	27.77	-12.50	-12.50
April 1, 1988	1.48(9)	Nil	Nil	Nil	Nil	Nil
June 1, 1988	0.18(10)	Nil	Nil	Nil	Nil	Nil
July 1, 1988	0.35(11)	Nil	14.29(12)	Nil	14.29(12)	14.29(12)
April 1, 1989	2.99	Nil	Nil	Nil	Nil	Nil
July 1, 1989	Nil	Nil	Nil	10.24	Nil	Nil
August 1, 1989	Nil	0.60	3.00	Nil	3.00	3.00
April 1, 1990	2.93	Nil	Nil	Nil	Nil	Nil
July 1, 1990	Nil	Nil	3.00	3.00	Nil	3.00
August 1, 1990	Nil	0.51(13)	Nil	Nil	3.00	Nil

N.A.: Not Applicable.

NOTES:

(1) Effective March 1, 1980.

(2) Effective March 1, 1981, annualized to 12.80%.

(3) Added benefits to deal with substantive issues, including payments for mandatory consultations, re-designation of the workday start, differentials for evenings and nights, and differentials for week-ends and holidays.

(4) Fee-for-service physical therapy became an insured benefit of the Alberta Health Care Insurance Plan on July 1, 1981.

(5) Effective February 1, 1982, annualized to 13.00%.

(6) Effective March 1, 1983, annualized to 5.00%.

(7) An agreement was reached between the Government of Alberta and the Alberta Medical Association to end extra-billing effective October 1, 1986 for all medically required services which are insured under the Alberta Health Care Insurance Plan. Subsequently, the Alberta Dental Association also agreed to end extra-billing for any oral surgical procedures insured by Alberta Health Care. The changes to the medical and oral surgery schedules effective October 1, 1986 are related to the elimination of extra-billing.

(8) The following changes in benefit rates were made effective August 1, 1987:
1) The benefits payable to chiropractors, podiatrists and physical therapists were reduced by 12.5%.
2) Benefits for services provided by dentists relating to the non-surgical treatment of Temporo-Mandibular Joint (stress on the the jaw) were reduced by 50%. This translated into an overall reduction of 45.16% for all oral surgery benefits.
3) The benefit rate paid by Alberta Health Care for eye examinations performed by optometrists was increased by 27.77%, from $24.85 to $31.75.

(9) To address inequities in the Schedule.

(10) Resulting from changes in the benefits payable for cardio-thoracic and vascular surgery services.

(11) Resulting from an increase in the benefits payable for a complete medical eye examination or consultation by an ophthalmologist to $50.00.

(12) Reinstatement of benefit rates to the April 1, 1986 level.

(13) A 3.00% across the board increase was applied to all benefit items, with the exception of non-surgical Temporo-Mandibular Joint Services (i.e., B-141, B-142, B-143, B-144A and B-147) and Temporo-Mandibular Joint Surgery (i.e., B-187 to B-199). The overall percentage increase was 0.51%.

Percentage Changes in the Schedule of Medical Benefits by Specialty (1)

TABLE 5

Specialty \ Effective Date	(2) July 1 1970	(3) Nov. 1 1972	(3) Oct. 1 1973	(4) Oct. 1 1974	Mar. 1 1975	Jan. 1 1976	Jan. 1 1977	Jan. 1 1978	(6) Jan. 1 1979	Jan. 1 1980
	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)
General Practitioners	6.95	Nil	7.12	4.00	7.75	8.55	8.32	7.50	7.47	17.15
Anaesthetists	6.95	16.46	Nil	4.00	9.03	4.81	6.00	3.60	7.99	20.99
Dermatologists	6.95	-5.04	Nil	4.00	3.56	6.03	4.74	5.25	5.74	11.04
General Surgeons	6.95	Nil	4.96	4.00	2.40	7.92	7.27	7.13	6.90	16.74
Urologists	6.95	Nil	Nil	4.00	2.47	7.65	5.41	5.03	5.31	16.50
Internists	6.95	1.45	6.68	4.00	10.30	7.35	6.03	6.13	6.40	15.72
Neurologists	6.95	0.76	Nil	4.00	8.81	7.95	6.84	5.51	6.68	14.37
Neurological-Surgeons	6.95	Nil	8.77	4.00	1.70	6.18	4.84	6.03	7.37	15.53
Obstetricians-Gynaecologists	6.95	-3.29	Nil	4.00	2.63	7.30	5.74	5.82	4.45	14.94
Ophthalmologists	6.95	Nil	Nil	4.00	2.69	8.03	5.42	5.60	6.46	15.21
Rhino-Otolaryngologists	6.95	Nil	Nil	4.00	2.35	6.94	4.74	4.12	5.59	13.56
Orthopaedic Surgeons	6.95	Nil	Nil	4.00	2.38	7.18	3.77	4.14	5.77	14.51
Paediatricians	6.95	2.19	4.43	4.00	10.63	8.85	6.92	7.36	6.13	15.09
Psychiatrists	6.95	Nil	Nil	4.00	18.76	7.17	8.20	7.14	7.98	20.29
Plastic Surgeons	6.95	Nil	Nil	4.00	2.29	5.07	3.41	3.60	4.26	9.84
Physical Medicine and Rehabilitation	6.95	4.96	Nil	4.00	33.93	12.83	7.77	7.29	11.27	39.83
Thoracic Surgeons	6.95	Nil	Nil	4.00	1.73	6.45	3.39	3.40	3.85	8.64
Allergists	6.95	-5.01	Nil	4.00	(5)	N.A.	N.A.	N.A.	N.A.	N.A.
Emergency Medicine	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.
Laboratory/Pathologists	6.95	-10.65	Nil	4.00	7.27	11.82	6.30	5.45	8.13	9.53
Laboratory/Radiologists	6.95	-4.95	Nil	4.00	7.45	10.52	4.74	4.85	6.35	11.07
All Physicians	6.95	0.62	4.00	4.00	7.20	9.00	7.00	6.47	7.00	15.50

N.A.: Not Applicable

(1) All percentage changes are calculated by using a base-weight index method.

(2) When the Alberta Health Care Insurance Plan was established effective July 1, 1969, the Schedule of Medical Benefits was set at 93.5% of the Alberta Medical Association's 1969 Fee Schedule. The Schedule of Medical Benefits was increased by 6.95% effective July 1, 1970 to cover 100% of the Profession's 1969 Fee Schedule.

(3) Spill-over effects are not included.

(4) Spill-over effects are included, beginning October 1, 1974.

(5) Allergists are included in their certified specialists, beginning March 1, 1975.

(6) In addition to the overall 7.00% increase, amendments granted to assessment rules pertaining to haemoglobin and urinalysis tests supplied in conjunction with visits resulted in an undetermined economic impact.

TABLE 5 Continued

Specialty \ Effective Date	Mar. 1 1981	Jan. 1 1982	(7) July 1 1982	Jan. 1 1983	Apr. 1 1986	(8) Oct. 1 1986	(9) Apr. 1 1988	(10) June 1 1988	(11) July 1 1988	April 1 1989	April 1 1990
	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)
General Practitioners	16.42	17.40	N/A	4.43	4.83	1.33	2.15	—	Nil	2.95	3.56
Anaesthetists	12.35	17.03	N/A	1.63	7.38	0.14	5.07	Nil	Nil	8.62	3.55
Dermatologists	14.00	10.18	N/A	4.68	2.83	−10.63	−0.58	Nil	Nil	1.88	2.21
General Surgeons	15.48	15.76	N/A	4.31	5.32	−0.17	2.11	0.31	Nil	2.75	2.41
Urologists	16.24	15.46	N/A	4.29	5.41	−0.01	0.96	0.02	Nil	2.66	2.31
Internists	15.08	15.39	N/A	4.77	4.08	1.01	1.97	—	Nil	2.78	5.45
Neurologists	15.27	21.97	N/A	8.33	4.03	Nil	1.92	Nil	Nil	3.28	6.72
Neurological-Surgeons	15.11	18.80	N/A	14.62	5.40	Nil	2.41	0.03	Nil	2.81	2.31
Obstetricians-Gynaecologists	14.01	14.68	N/A	4.77	5.81	15.58	1.41	Nil	Nil	2.87	2.44
Ophthalmologists	13.86	15.01	N/A	4.28	3.75	2.20	−0.12	Nil	14.25	1.18	1.65
Rhino-Otolaryngologists	13.23	12.97	N/A	3.82	3.70	−2.78	0.05	0.01	Nil	3.64	3.00
Orthopaedic Surgeons	13.65	14.72	N/A	4.19	6.17	0.04	2.08	—	Nil	3.26	2.72
Paediatricians	14.88	18.80	N/A	5.88	4.17	1.50	5.09	Nil	Nil	7.32	6.05
Psychiatrists	18.29	18.69	N/A	4.42	10.09	Nil	4.23	Nil	Nil	2.55	3.84
Plastic Surgeons	13.69	13.31	N/A	4.05	4.42	−19.97	−0.15	0.06	Nil	2.52	1.85
Physical Medicine and Rehabilitation	26.09	16.36	N/A	2.81	2.91	Nil	0.29	Nil	Nil	1.58	5.04
Thoracic Surgeons	10.12	8.84	N/A	3.35	5.61	1.91	1.15	35.13	Nil	0.59	1.40
Allergists	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.
Emergency Medicine	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	1.80	0.02	Nil	2.43	3.62
Laboratory/Pathologists	12.67	15.18	N/A	10.04	3.24	0.02	−1.47	Nil	Nil	2.55	0.47
Laboratory/Radiologists	18.79	17.26	N/A	5.06	2.81	Nil	0.37	Nil	Nil	1.44	1.66
All Physicians	15.40	16.47	4.12	5.00	4.65	1.53	1.48	0.18	0.35	2.99	2.93

—: Non-zero value.
N/A: Not Available.
N.A.: Not Applicable.

(7) Represents the calculated impact of additional benefits, including payments for mandatory consultations, redesignation of the work day start, differentials for evening and night services and differentials for weekend and holiday services. A breakdown of this increase by specialty is not available.

(8) Within the agreement to end extra-billing by physicians effective October 1, 1986, the Extraordinary Medical Services Assessment Fund (EMSAF) was established to compensate a participating physician for insured services rendered in the care of the sick where such services constitute extraordinary services having regard to the circumstances of the case. The economic impact of the EMSAF is included in the overall percentage increase for all physicians, but not in the percentage changes at the specialty level.

(9) To address inequities in the Schedule.

(10) Resulting from changes in the benefits payable for cardio-thoracic and vascular surgery services.

(11) Resulting from an increase in the benefits payable for a complete medical eye examination or consultation by an ophthalmologist to $50.00.

Registrations and Persons Covered

TABLE 6

at March 31

	Registrations			Percentage Change		Persons			Percentage Change	
	1989	1990	1991	1990/89	1991/90	1989	1990	1991	1990/89	1991/90
Individual	408,649	414,668	417,266	1.47%	0.63%	824,862	832,567	835,521	0.93%	0.35%
Group	509,030	523,189	531,619	2.78%	1.61%	1,301,408	1,339,124	1,365,492	2.90%	1.97%
Registrant or Spouse Age 65 or Older	172,420	178,644	184,740	3.61%	3.41%	252,063	260,586	269,584	3.38%	3.45%
Widows' Pension	3,489	3,289	3,108	-5.73%	-5.50%	3,866	3,627	3,435	-6.18%	-5.29%
Social Allowance Recipients	66,792	64,564	67,131	-3.34%	3.98%	136,774	132,307	138,659	-3.27%	4.80%
TOTAL	1,160,380	1,184,354	1,203,864	2.07%	1.65%	2,518,973	2,568,211	2,612,691	1.95%	1.73%

NOTE: See notes in "Explanatory Comments".

Registrations and Persons Covered by Method of Premium Collection and Subsidy Level

TABLE 7

at March 31, 1991

	One Person		Two Persons		Three or More Persons		Total	
	Registrations	Persons	Registrations	Persons	Registrations	Persons	Registrations	Persons
Non Subsidized								
Individual	180,210	180,210	51,593	103,186	91,984	370,309	323,787	653,705
Group	165,490	165,490	116,634	233,268	236,475	940,060	518,599	1,338,818
TOTAL	345,700	345,700	168,227	336,454	328,459	1,310,369	842,386	1,992,523
Subsidized								
One-Third Reduced								
Individual	2,883	2,883	1,023	2,046	1,601	6,583	5,507	11,512
Group	488	488	244	488	402	1,639	1,134	2,615
Two-Thirds Reduced								
Individual	3,393	3,393	1,402	2,804	2,135	8,652	6,930	14,849
Group	433	433	275	550	455	1,916	1,163	2,899
Full Reduction								
Individual	46,707	46,707	14,833	29,666	19,502	79,082	81,042	155,455
Group	6,498	6,498	1,636	3,272	2,589	11,390	10,723	21,160
TOTAL	60,402	60,402	19,413	38,826	26,684	109,262	106,499	208,490
Registrant or Spouse Age 65 or Older	104,086	104,086	77,444	154,888	3,210	10,610	184,740	269,584
Widows' Pension	2,848	2,848	212	424	48	163	3,108	3,435
Social Allowance Recipients	34,632	34,632	12,077	24,154	20,422	79,873	67,131	138,659
TOTALS:								
Individual	233,193	233,193	68,851	137,702	115,222	464,626	417,266	835,521
Group	172,909	172,909	118,789	237,578	239,921	955,005	531,619	1,365,492
Registrant or Spouse Age 65 or Older	104,086	104,086	77,444	154,888	3,210	10,610	184,740	269,584
Widows' Pension	2,848	2,848	212	424	48	163	3,108	3,435
Social Allowance Recipients	34,632	34,632	12,077	24,154	20,422	79,873	67,131	138,659
TOTAL	547,668	547,668	277,373	554,746	378,823	1,510,277	1,203,864	2,612,691

NOTE: See notes in "Explanatory Comments".

Basic Health Services
Persons Covered by Age and Sex

TABLE 8

At March 31

Age	Male			Percentage Change		Female			Percentage Change		Total			Percentage Change	
	1989	1990	1991	1990/89	1991/90	1989	1990	1991	1990/89	1991/90	1989	1990	1991	1990/89	1991/90
Under 1	20,779	21,389	21,547	2.94%	0.74%	20,268	20,414	20,346	0.72%	-0.33%	41,047	41,803	41,893	1.84%	0.22%
1 - 4	88,404	88,750	89,415	0.39%	0.75%	83,780	84,699	85,544	1.10%	1.00%	172,184	173,449	174,959	0.73%	0.87%
5 - 14	198,122	203,473	208,083	2.70%	2.27%	187,981	192,569	196,862	2.44%	2.23%	386,103	396,042	404,945	2.57%	2.25%
15 - 24	199,204	197,145	196,326	-1.03%	-0.42%	195,463	192,833	192,106	-1.35%	-0.38%	394,667	389,978	388,432	-1.19%	-0.40%
25 - 44	448,970	459,860	467,416	2.43%	1.64%	435,281	446,955	456,270	2.68%	2.08%	884,251	906,815	923,686	2.55%	1.86%
45 - 64	213,394	219,208	224,303	2.72%	2.32%	206,549	211,708	216,930	2.50%	2.47%	419,943	430,916	441,233	2.61%	2.39%
65 & Older	96,350	99,665	103,188	3.44%	3.53%	124,428	129,543	134,355	4.11%	3.71%	220,778	229,208	237,543	3.82%	3.64%
TOTAL	1,265,223	1,289,490	1,310,278	1.92%	1.61%	1,253,750	1,278,721	1,302,413	1.99%	1.85%	2,518,973	2,568,211	2,612,691	1.95%	1.73%

NOTE: See notes in "Explanatory Comments".

Distribution of Payments for Basic Health Services

TABLE 9

For the Years Ended March 31

	Total			Practitioners			Registrants		
	1989	1990	1991	1989	1990	1991	1989	1990	1991
Medical	$637,700,792	$693,813,313	$747,982,237	$636,946,706	$693,152,341	$747,278,523	$ 754,086	$ 660,972	$ 703,714
Oral Surgery	9,746,451	9,578,365	10,974,760	9,685,558	9,508,356	10,863,831	60,893	70,009	110,929
Chiropractic	23,833,876	27,295,641	29,176,338	23,801,446	27,258,056	29,143,156	32,430	37,585	33,182
Optometry	12,514,115	15,539,191	18,095,002	10,818,098	14,427,443	16,868,745	1,696,017	1,111,748	1,226,257
Podiatry	3,308,468	3,794,774	4,053,920	3,308,448	3,794,718	4,053,895	20	56	25
Physical Therapy	19,303,582	22,789,708	25,818,874	19,301,686	22,788,408	25,817,253	1,896	1,300	1,621
TOTAL	$706,407,284	$772,810,992	$836,101,131	$703,861,942	$770,929,322	$834,025,403	$2,545,342	$1,881,670	$2,075,728

NOTES: A. Included are payments for Basic Health Services provided in Alberta.

B. See notes in "Explanatory Comments".

Total and Average Gross Payments to Practitioners

TABLE 10

For the Years Ended March 31

	Number of Practitioners			Percentage Change		Total Paid			Percentage Change		Average Payments			Percentage Change	
	1989	1990	1991	1990/89	1991/90	1989	1990	1991	1990/89	1991/90	1989	1990	1991	1990/89	1991/90
Medical	3,905	3,977	4,111	1.84%	3.37%	$637,700,792	$693,813,313	$747,982,237	8.80%	7.81%	$163,304	$174,456	$181,947	6.83%	4.29%
Oral Surgery	1,099	1,099	1,144	–	4.09%	9,746,451	9,578,365	10,974,760	-1.72%	14.58%	8,868	8,716	9,593	-1.71%	10.06%
Chiropractic	332	353	364	6.33%	3.12%	23,833,876	27,295,641	29,176,338	14.52%	6.89%	71,789	77,325	80,155	7.71%	3.66%
Optometry	218	212	222	-2.75%	4.72%	12,514,115	15,539,191	18,095,002	24.17%	16.45%	57,404	73,298	81,509	27.69%	11.20%
Podiatry	26	26	26	–	–	3,308,468	3,794,774	4,053,920	14.70%	6.83%	127,249	145,953	155,920	14.70%	6.83%
Physical Therapy	428	462	504	7.94%	9.09%	19,303,582	22,789,708	25,818,874	18.06%	13.29%	45,102	49,328	51,228	9.37%	3.85%
TOTAL	6,008	6,129	6,371	2.01%	3.95%	$706,407,284	$772,810,992	$836,101,131	9.40%	8.19%					

NOTES: A. Payments include only fee-for-service payments to practitioners in Alberta for Basic Health Services.

B. See notes in "Explanatory Comments".

Distribution of Gross Payments by Payment Range to All Practitioners

TABLE 11

For the Years Ended March 31

$ Range	Total			Medical			Oral Surgery			Chiropractic			Optometry			Podiatry			Physical Therapy		
	1989	1990	1991	1989	1990	1991	1989	1990	1991	1989	1990	1991	1989	1990	1991	1989	1990	1991	1989	1990	1991
Less than 10,000	1,367	1,352	1,353	378	357	354	883	870	872	18	25	22	10	12	19	1	1		77	87	86
10,000 - 19,999	369	342	365	172	148	143	120	135	153	16	15	22	15	8	9	2	1	1	44	35	37
20,000 - 39,999	469	474	475	250	261	255	50	52	72	47	46	35	46	24	18	1	3	3	75	88	92
40,000 - 59,999	498	414	461	240	226	256	25	21	20	61	49	51	62	33	31	2		1	106	85	102
60,000 - 79,999	450	460	436	257	244	239	7	7	7	69	67	63	51	59	40	2	1	1	64	82	86
80,000 - 99,999	363	393	428	262	256	255	1	4	9	49	49	60	13	38	46	3	2	2	35	44	56
100,000 - 119,999	342	363	351	279	274	254	3	2	3	35	49	49	11	15	23	2	1	1	12	22	21
120,000 - 139,999	356	307	337	331	268	280	2	1	3	14	20	26	3	8	15	1	2	2	5	8	11
140,000 - 159,999	349	366	337	329	336	308	1	2	1	11	16	16	1	6	6	3	2	1	4	4	5
160,000 - 179,999	316	310	343	301	294	324	2	3	2	6	4	9	1	4	3	3	2	2	3	3	3
180,000 - 199,999	271	298	263	264	282	249	3	1	1	3	6	6	1	2	2		6	3		1	2
200,000 - 299,999	628	759	859	616	744	835	1	1	1	2	6	4	3	2	9	5	4	7	1	2	3
300,000 - 399,999	147	174	234	145	171	232							1	1		1	1	2		1	
400,000 - 499,999	33	64	59	33	64	58									1						
500,000 - 599,999	15	18	27	15	18	27															
600,000 - 699,999	10	5	11	8	4	11	1			1	1										
700,000 - 799,999	4	7	6	4	7	5						1									
800,000 and Over	21	23	26	21	23	26															
TOTAL	6,008	6,129	6,371	3,905	3,977	4,111	1,099	1,099	1,144	332	353	364	218	212	222	26	26	26	428	462	504

NOTES: A. Payments include only fee-for-service payments to practitioners in Alberta for Basic Health Services.

B. See notes in "Explanatory Comments".

Average and Median Gross Payments by Specialty to Medical Practitioners

TABLE 12

For the Years Ended March 31

	Number of Practitioners			Average Payments			Percentage Change		Median Payments			Percentage Change	
	1989	1990	1991	1989	1990	1991	1990/1989	1991/1990	1989	1990	1991	1990/1989	1991/1990
TOTAL	3,905	3,977	4,111	$163,304	$174,456	$181,947	6.83%	4.29%	$127,324	$136,869	$141,201	7.50%	3.17%
General Practitioners	2,173	2,197	2,255	123,251	131,648	137,487	6.81%	4.44%	126,463	134,999	140,191	6.75%	3.85%
Total Specialists	1,732	1,780	1,856	213,555	227,294	235,964	6.43%	3.81%	129,286	140,246	142,865	8.48%	1.87%
Laboratory Specialists	239	241	242	589,445	622,113	655,517	5.54%	5.37%	36,355	32,314	39,548	-11.12%	22.39%
Other Specialists	1,493	1,539	1,614	153,382	165,467	173,057	7.88%	4.59%	138,591	149,157	155,368	7.62%	4.16%
SPECIALISTS BY SPECIALTY													
Anaesthetists	180	188	194	$129,307	$146,967	$156,740	13.66%	6.65%	$143,421	$160,482	$172,938	11.90%	7.76%
Dermatologists	24	25	25	320,216	345,543	388,631	7.91%	12.47%	304,665	335,465	409,503	10.11%	22.07%
General Surgeons	158	146	148	172,380	191,433	201,607	11.05%	5.31%	172,022	182,584	208,777	6.14%	14.35%
Urologists	40	36	35	180,165	221,133	240,834	22.74%	8.91%	197,771	224,492	255,435	13.51%	13.78%
Internists	331	343	357	126,248	131,869	141,746	4.45%	7.49%	102,481	102,169	114,998	-0.30%	12.56%
Neurologists	30	34	36	112,884	106,578	113,699	-5.59%	6.68%	82,893	73,219	76,319	-11.67%	4.23%
Neurological Surgeons	18	17	17	160,142	161,225	162,739	13.17%	0.84%	145,860	196,912	188,954	35.00%	-4.04%
Obstetricians-Gynaecologists	122	124	126	207,825	218,919	243,279	5.34%	11.13%	200,092	212,138	225,830	6.02%	6.45%
Ophthalmologists	70	71	75	287,933	328,653	340,658	14.14%	3.65%	265,509	306,183	286,358	15.32%	-6.47%
Rhino-Otolaryngologists	31	34	35	268,316	268,198	287,429	-0.04%	7.17%	274,446	288,768	304,402	5.22%	5.41%
Orthopaedic Surgeons	86	85	89	164,620	179,354	183,074	8.95%	2.07%	184,654	184,753	205,858	0.05%	11.42%
Paediatricians	156	171	176	102,216	107,238	116,199	4.91%	8.36%	70,314	87,810	87,461	24.88%	-0.40%
Psychiatrists	154	175	195	108,254	119,994	113,631	10.84%	-5.30%	101,248	111,932	104,972	10.55%	-6.22%
Plastic Surgeons	29	29	32	195,468	215,765	217,960	10.38%	1.02%	202,186	231,517	223,637	14.51%	-3.40%
Physical Medicine & Rehabilitation	12	12	15	73,536	71,285	70,430	-3.06%	-1.20%	68,112	68,281	63,051	0.25%	-7.66%
Cardiovascular & Thoracic Surgeons	17	18	18	268,901	312,416	305,261	16.18%	-2.29%	319,567	339,182	346,306	6.14%	2.10%
Emergency Medicine	35	31	41	109,018	116,874	108,023	7.21%	-7.57%	121,199	118,863	109,620	-1.93%	-7.78%
Laboratory/Pathologists**	79	84	92	1,266,454	1,271,433	1,210,231	0.39%	-4.81%	16,518	15,498	17,877	-6.18%	15.35%
Laboratory/Radiologists**	153	150	143	263,606	284,158	326,636	7.80%	14.95%	55,052	56,582	67,293	2.78%	18.93%
Laboratory/Others**	7	7	7	70,821	72,166	83,553	1.90%	15.78%	63,268	87,251	93,653	37.91%	7.34%

** Payment information for all physicians other than laboratory specialists refers to billings for a particular physician only. With respect to laboratory physicians, billings for more than one physician may be included under one practitioner or billing number.

NOTES:

A. Payments include only fee-for-service payments to practitioners in Alberta.

B. See notes in "Explanatory Comments".

Distribution of Gross Payments by Payment Range to All Practitioners

TABLE 13

For the Year Ended March 31, 1991

$ Range	All Practitioners		General Practitioners		All Specialists		Anaesthetists		Dermatologists		General Surgeons	
	Payments	Number of Practitioners	Payments	Number of Practitioners	Payments	Number of Practitioners	Payments	Number of Practitioners	Payments	Number of Practitioners	Payments	Number of Practitioners
Less than 10,000	$ 1,139,354	354	$ 536,486	170	$ 602,868	184	$ 14,856	14	$		$ 41,842	8
10,000 - 19,999	2,090,333	143	903,960	63	1,186,373	80	78,715	5			11,557	1
20,000 - 39,999	7,571,969	255	3,794,582	130	3,777,387	125	262,930	8	26,530	1	154,497	5
40,000 - 59,999	12,644,801	256	6,341,801	128	6,303,000	128	264,427	5			381,238	8
60,000 - 79,999	16,677,474	239	9,820,807	141	6,856,667	98	665,464	9			358,332	5
80,000 - 99,999	22,779,975	255	13,396,315	150	9,383,660	105	892,356	10			451,207	5
100,000 - 119,999	27,934,217	254	17,352,045	158	10,582,172	96	1,110,645	10			653,106	6
120,000 - 139,999	36,396,866	280	24,091,685	185	12,305,181	95	1,569,276	12			1,557,211	12
140,000 - 159,999	46,203,713	308	32,407,810	216	13,795,903	92	2,102,492	14	157,640	1	883,460	6
160,000 - 179,999	55,110,470	324	40,261,357	237	14,849,113	87	3,088,613	18	335,683	2	862,956	5
180,000 - 199,999	47,205,509	249	31,457,765	166	15,747,744	83	2,456,272	13			1,140,413	6
200,000 - 299,999	200,352,519	835	103,705,094	436	96,647,425	399	16,199,238	71	1,354,914	5	12,423,259	51
300,000 - 399,999	77,829,614	232	21,248,603	65	56,581,011	167	1,702,358	5	987,694	3	7,492,521	22
400,000 - 499,999	25,660,063	58	3,033,699	7	22,626,364	51			3,061,600	7	3,426,185	8
500,000 - 599,999	14,415,783	27	1,681,796	3	12,733,987	24			2,160,988	4		
600,000 - 699,999	7,027,526	11			7,027,526	11			658,535	1		
700,000 - 799,999	3,884,589	5			3,884,589	5						
800,000 and Over	143,057,462	26			143,057,462	26			972,181	1		
TOTAL	$747,982,237	4,111	$310,033,805	2,255	$437,948,432	1,856	$30,407,642	194	$9,715,765	25	$29,837,784	148

TABLE 13 Continued

$ Range	Urologists		Internists		Neurologists		Neurological Surgeons		Obstetricians-Gynaecologists		Ophthalmologists	
	Payments	Number of Practitioners	Payments	Number of Practitioners	Payments	Number of Practitioners	Payments	Number of Practitioners	Payments	Number of Practitioners	Payments	Number of Practitioners
Less than 10,000	$ 5,409	1	$ 150,059	32	$ 5,630	2	$		$ 12,280	5	$ 5,707	1
10,000 - 19,999	14,370	1	254,166	16	31,724	2			40,147	3	17,578	1
20,000 - 39,999			886,705	30	100,594	3			179,872	6	72,575	2
40,000 - 59,999			1,992,950	41	375,215	8	103,392	2	154,748	3		
60,000 - 79,999			1,058,429	15	206,876	3			412,411	6	197,306	3
80,000 - 99,999	89,464	1	2,486,498	28	270,500	3	181,255	2	604,209	7	189,823	2
100,000 - 119,999			2,666,020	24	453,563	4			335,953	3	436,096	4
120,000 - 139,999	120,578	1	2,213,479	17					922,344	7	133,867	1
140,000 - 159,999	159,669	1	2,361,028	16	290,275	2	471,845	3	604,466	4	291,279	2
160,000 - 179,999	351,865	2	3,586,245	21	335,899	2	176,220	1	848,773	5	498,233	3
180,000 - 199,999	375,373	2	1,715,390	9	372,950	2	188,954	1	943,993	5	567,549	3
200,000 - 299,999	4,496,359	18	17,064,955	69	817,976	3	1,984,897	8	6,870,242	28	3,922,993	16
300,000 - 399,999	2,372,501	7	10,870,213	32	339,306	1			8,003,848	24	4,906,831	14
400,000 - 499,999	443,596	1	2,256,421	5	492,638	1			3,989,782	9	4,020,953	9
500,000 - 599,999			1,040,654	2					3,158,855	6	2,667,423	5
600,000 - 699,999									1,897,730	3	1,892,091	3
700,000 - 799,999											2,353,745	3
800,000 and Over									1,673,454	2	3,375,335	3
TOTAL	$8,429,184	35	$50,603,212	357	$4,093,146	36	$3,106,563	17	$30,653,107	126	$25,549,384	75

TABLE 13 Continued

$ Range	Rhino-Otolaryngologists		Orthopaedic Surgeons		Paediatricians		Psychiatrists		Plastic Surgeons		Physical Medicine and Rehabilitation	
	Payments	Number of Practitioners	Payments	Number of Practitioners	Payments	Number of Practitioners	Payments	Number of Practitioners	Payments	Number of Practitioners	Payments	Number of Practitioners
Less than 10,000	$		$ 6,693	7	$ 66,709	20	$ 83,504	22	$ 7,609	1	$ 6,042	1
10,000 - 19,999			10,339	1	193,361	13	129,374	8	15,854	1		
20,000 - 39,999			184,535	7	517,624	17	532,566	16	61,309	2	53,919	2
40,000 - 59,999	43,187	1	190,750	4	1,276,217	25	433,632	9			205,550	4
60,000 - 79,999			279,647	4	533,942	8	1,604,631	23	60,818	1	211,764	3
80,000 - 99,999	173,847	2	273,993	3	981,317	11	1,536,898	17			92,618	1
100,000 - 119,999	100,545	1	106,129	1	856,370	8	1,437,820	13	228,758	2	328,292	3
120,000 - 139,999			384,433	3	1,282,457	10	1,926,652	15				
140,000 - 159,999	304,843	2	745,393	5	1,345,157	9	2,392,061	16	296,630	2	156,272	1
160,000 - 179,999	168,380	1	331,561	2	1,342,980	8	2,073,774	12				
180,000 - 199,999	375,222	2	956,935	5	1,148,551	6	3,411,218	18	385,384	2		
200,000 - 299,999	1,211,822	5	8,894,007	36	6,737,713	29	5,276,648	22	3,404,129	14		
300,000 - 399,999	5,240,437	16	3,073,036	9	3,672,186	11	1,319,334	4	1,994,389	6		
400,000 - 499,999	1,334,416	3	856,169	2	496,364	1						
500,000 - 599,999	1,107,327	2							519,836	1		
600,000 - 699,999												
700,000 - 799,999												
800,000 and Over												
TOTAL	$10,060,026	35	$16,293,620	89	$20,450,950	176	$22,158,112	195	$6,974,716	32	$1,056,457	15

TABLE 13 Continued

$ Range	Cardiovascular and Thoracic Surgeons		Emergency Medicine		Laboratory/Pathologists*		Laboratory/Radiologists*		Laboratory/Others*	
	Payments	Number of Practitioners	Payments	Number of Practitioners	Payments	Number of Practitioners	Payments	Number of Practitioners	Payments	Number of Practitioners
Less than 10,000	$		$ 571	2	$ 108,901	36	$ 85,852	30	$ 1,204	2
10,000 - 19,999			11,391	1	165,126	12	212,671	15		
20,000 - 39,999					329,623	12	391,730	13	22,378	1
40,000 - 59,999	46,694	1			281,052	6	553,948	11		
60,000 - 79,999	139,618	2	352,649	5	60,900	1	713,880	10		
80,000 - 99,999			544,837	6	80,566	1	440,619	5	93,653	1
100,000 - 119,999			1,436,484	13	220,111	2	212,280	2		
120,000 - 139,999	129,323	1	1,039,278	8	138,864	1	645,049	5	242,370	2
140,000 - 159,999			464,101	3	298,539	2	468,753	3		
160,000 - 179,999	173,355	1					674,576	4		
180,000 - 199,999	190,947	1	579,626	3			938,967	5		
200,000 - 299,999	527,785	2			1,541,905	6	3,693,317	15	225,266	1
300,000 - 399,999	2,194,030	6			381,529	1	2,030,796	6		
400,000 - 499,999	879,750	2					1,368,490	3		
500,000 - 599,999	514,967	1					1,563,937	3		
600,000 - 699,999	698,223	1			615,764	1	1,265,183	2		
700,000 - 799,999							1,530,844	2		
800,000 and Over					107,118,408	11	29,918,084	9		
TOTAL	$5,494,692	18	$4,428,937	41	$111,341,288	92	$46,708,976	143	$584,871	7

* Payment information for all physicians other than laboratory specialists refers to billings for a particular physician only. With respect to laboratory physicians, billings for more than one physician may be included under one practitioner or billing number.

NOTES:

A. Payments include only fee-for-service payments to practitioners in Alberta.

B. See notes in "Explanatory Comments".

Distribution of Gross Average Payments to Medical Practitioners According to Group of Specialties By Dollar Range and Alberta Practice Year

TABLE 14

For the Year Ended March 31, 1991

General Practitioners

Years in Alberta / $ Range	Less Than 1		1 - 5		6 - 10		11 - 20		21 and Over		TOTAL	
	Number of Physicians	Average Payments	Number of Physicians	Average Payments	Number of Physicians	Average Payments	Number of Physicians	Average Payments	Number of Physicians	Average Payments	Number of Physicians	Average Payments
Less than 10,000	35	$ 4,276	62	$ 3,410	21	$ 3,437	20	$ 2,216	32	$ 1,841	170	$ 3,156
10,000 - 19,999	23	13,963	17	14,536	12	14,694	3	14,625	8	14,437	63	14,349
20,000 - 39,999	24	27,993	45	29,754	15	28,797	17	28,158	29	30,109	130	29,189
40,000 - 59,999	31	50,093	48	49,218	13	50,284	14	50,100	22	48,696	128	49,545
60,000 - 79,999	18	67,446	48	70,693	26	69,606	19	70,162	30	69,023	141	69,651
80,000 - 99,999	12	88,951	40	89,799	31	91,253	33	88,873	34	87,508	150	89,309
100,000 - 119,999	10	112,426	46	109,783	18	111,046	52	108,930	32	109,829	158	109,823
120,000 - 139,999	6	128,314	56	131,460	44	129,536	48	129,126	31	131,045	185	130,225
140,000 - 159,999	3	145,819	48	149,493	51	151,038	72	150,188	42	149,481	216	150,036
160,000 - 179,999	3	174,429	58	170,070	47	171,303	95	168,997	34	169,646	237	169,879
180,000 - 199,999			32	190,197	42	188,902	61	189,953	31	188,724	166	189,505
200,000 - 299,999	1	201,463	89	236,562	106	238,551	180	238,770	60	236,410	436	237,856
300,000 - 399,999			13	315,410	19	324,162	27	334,864	6	324,644	65	326,902
400,000 - 499,999			2	440,039	1	485,609	4	417,003			7	433,386
500,000 - 599,999					1	588,338	1	529,625	1	563,833	3	560,599
600,000 - 699,999												
700,000 - 799,999												
800,000 and Over												
TOTAL	166	$ 48,394	604	$120,393	447	$156,328	646	$170,386	392	$125,854	2,255	$137,487

Medical Specialists

TABLE 14 Continued

$ Range \ Years in Alberta	Less Than 1		1 - 5		6 - 10		11 - 20		21 and Over		TOTAL	
	Number of Physicians	Average Payments	Number of Physicians	Average Payments	Number of Physicians	Average Payments	Number of Physicians	Average Payments	Number of Physicians	Average Payments	Number of Physicians	Average Payments
Less than 10,000	10	$ 4,376	33	$ 3,647	17	$ 4,372	13	$ 3,142	20	$ 2,405	93	$ 3,520
10,000 - 19,999	8	17,239	10	15,926	12	14,167	6	13,866	9	16,484	45	15,527
20,000 - 39,999	11	29,809	30	31,961	10	31,682	13	27,447	13	32,347	77	30,920
40,000 - 59,999	5	46,507	32	49,168	25	51,134	19	48,985	11	48,458	92	49,435
60,000 - 79,999	8	69,132	17	72,016	7	71,296	16	68,746	18	69,857	66	70,208
80,000 - 99,999	6	87,262	27	92,119	13	89,040	16	88,257	14	87,473	76	89,540
100,000 - 119,999	4	113,400	22	109,193	17	110,400	17	111,633	15	110,586	75	110,523
120,000 - 139,999	2	121,899	15	134,065	21	128,525	8	129,809	16	127,429	62	129,535
140,000 - 159,999	1	151,037	15	149,412	18	150,775	20	148,512	8	149,329	62	149,533
160,000 - 179,999	1	163,743	18	168,971	14	172,264	15	171,169	14	171,815	62	170,804
180,000 - 199,999			5	190,020	20	190,079	13	190,791	14	187,526	52	189,564
200,000 - 299,999			46	233,529	46	235,861	68	242,673	39	239,942	199	238,449
300,000 - 399,999			9	346,940	19	335,272	21	341,286	7	318,782	56	337,341
400,000 - 499,999			1	486,498	3	465,426	6	436,702	4	451,009	14	450,502
500,000 - 599,999			1	582,075			4	529,342	1	502,199	6	533,607
600,000 - 699,999					1	658,535					1	658,535
700,000 - 799,999												
800,000 and Over									1	972,181	1	972,181
TOTAL	56	$ 50,552	281	$114,244	243	$149,275	255	$169,742	204	$139,327	1,039	$137,550

Surgical Specialists

TABLE 14 Continued

$ Range \ Years in Alberta	Less Than 1		1 - 5		6 - 10		11 - 20		21 and Over		TOTAL	
	Number of Physicians	Average Payments	Number of Physicians	Average Payments	Number of Physicians	Average Payments	Number of Physicians	Average Payments	Number of Physicians	Average Payments	Number of Physicians	Average Payments
Less than 10,000		$	3	$ 5,823	3	$ 737		$	17	$ 3,521	23	$ 3,458
10,000 - 19,999	2	16,716	3	11,693					3	13,778	8	13,731
20,000 - 39,999	3	28,115	5	27,532					14	30,770	22	29,672
40,000 - 59,999	3	47,113	6	48,205	3	51,340	1	42,692	6	48,788	19	48,421
60,000 - 79,999	2	63,051	5	67,877	2	72,625	3	72,124	9	69,003	21	68,959
80,000 - 99,999			8	87,409	1	80,204	7	88,985	6	93,571	22	89,264
100,000 - 119,999			1	102,808	3	118,074	2	115,811	11	106,540	17	109,446
120,000 - 139,999	1	139,574	4	130,821	5	131,155	1	122,951	14	129,012	25	129,910
140,000 - 159,999	3	146,075	6	152,326	3	147,325	5	152,255	8	150,270	25	150,303
160,000 - 179,999			4	168,306	3	176,036	2	171,285	11	169,768	20	170,567
180,000 - 199,999			4	192,836	3	186,758	5	191,335	15	189,098	27	189,806
200,000 - 299,999	1	278,823	22	239,280	29	254,070	59	248,668	67	241,091	178	245,705
300,000 - 399,999			12	347,849	23	337,821	34	338,595	35	337,751	104	339,208
400,000 - 499,999			3	450,011	7	438,577	16	435,410	8	445,527	34	439,731
500,000 - 599,999			2	557,636	3	523,448	7	523,175	3	540,189	15	531,227
600,000 - 699,999			2	639,349	2	655,808	2	647,385	1	602,960	7	641,149
700,000 - 799,999					1	765,940	1	798,551	1	789,254	3	784,582
800,000 and Over					2	878,798			3	1,097,065	5	1,009,758
TOTAL	15	$ 82,789	90	$196,501	93	$285,328	145	$291,054	232	$ 210,060	575	$ 237,216

NOTE: A. The number of years in Alberta is obtained from the "List of Members of the College of Physicians & Surgeons of Alberta". The date of registration with the College of Physicians and Surgeons is used as the beginning date of practice in Alberta.

Percentage Distribution of Medical Payments By Type of Service and Specialty

TABLE 15

For the Year Ended March 31, 1991

	Consul-tations	Visits			Major Surgery	Minor Surgery	Surgical Assists	Obstetrical Services	Anaes-thesia	Radiology Services	Pathology Services	Other Diagnostic and Therapeutic Services	Total
		Office	Hospital	Special									
All Practitioners	8.82%	41.87%	4.37%	1.84%	8.17%	1.59%	0.52%	2.40%	4.55%	4.38%	15.19%	6.30%	100.00%
General Practitioners	0.32	32.23	3.04	1.73	0.38	0.90	0.40	1.02	0.63	0.09	0.18	0.64	41.56
Anaesthetists	0.07	0.06	0.01						3.84			0.07	4.05
Dermatologists	0.40	0.44			0.01	0.12			0.03		0.11	0.19	1.30
General Surgeons	0.63	0.61	0.11	0.04	2.11	0.12	0.06	0.01		0.02		0.25	3.96
Urologists	0.28	0.07	0.02		0.46	0.07	0.01					0.23	1.14
Internists	2.91	1.18	0.65	0.02	0.14	0.01			0.05		0.07	1.74	6.77
Neurologists	0.43	0.03	0.03								0.02	0.03	0.54
Neurological Surgeons	0.06	0.01	0.02		0.31	0.01						0.01	0.42
Obstetricians-Gynaecologists	0.61	1.02	0.08	0.02	0.60	0.04	0.01	1.37			0.02	0.32	4.09
Ophthalmologists	0.39	1.46			1.25	0.02						0.29	3.41
Rhino-Otolaryngologists	0.39	0.20	0.01		0.38	0.16	0.01					0.20	1.35
Orthopaedic Surgeons	0.57	0.22	0.02	0.01	1.28	0.01	0.02					0.04	2.17
Paediatricians	0.89	1.38	0.32	0.02	0.01	0.01					0.01	0.09	2.73
Psychiatrists	0.60	2.34	0.01									0.01	2.96
Plastic Surgeons	0.15	0.10			0.58	0.05						0.05	0.93
Physical Medicine & Rehabilitation	0.08	0.01	0.04									0.01	0.14
Cardiovascular & Thoracic Surgeons	0.04	0.01			0.64	0.01	0.01					0.02	0.73
Emergency Medicine		0.45	0.01		0.01	0.06						0.01	0.54
Laboratory		0.05			0.01					4.27	14.78	2.10	21.21

NOTES: A. Only fee-for-service payments made to practitioners in Alberta are included.

B. Special visits include routine home visits, emergency home visits and other home visits.

C. See notes in "Explanatory Comments".

Medical Services and Payments Per 1,000 Insured Persons According to Type of Service By Age and Sex

TABLE 16

For the Year Ended March 31, 1991

Type of Service \ Age Group		Under 1		1 - 4		5 - 14		15 - 24		25 - 44		45 - 64		65 and Older		All Age Groups	
		Services	Amounts Paid	Services	Amounts Paid	Services	Amounts Paid	Services	Amounts Paid	Services	Amounts Paid	Services	Amounts Paid	Services	Amounts Paid	Services	Amounts Paid
Consultations	M	872	$ 77,774	259	$ 17,773	208	$ 13,121	202	$ 11,376	264	$ 15,804	467	$ 31,378	871	$ 61,061	338	$ 22,098
	F	709	64,372	199	13,840	186	11,574	399	22,243	499	28,523	569	36,000	768	53,067	460	28,408
Office Visits	M	11,349	275,119	5,657	135,578	3,471	80,892	3,122	71,512	3,641	79,403	4,755	106,657	6,527	154,159	4,218	96,062
	F	10,516	254,500	5,300	127,012	3,547	82,721	6,520	145,336	7,535	159,122	7,054	151,875	6,914	160,289	6,538	143,835
Hospital Visits	M	3,639	84,959	327	7,561	126	2,846	156	3,458	194	3,948	658	11,942	3,808	64,458	607	11,412
	F	3,153	75,716	263	5,933	124	2,806	320	7,664	305	6,599	612	11,063	3,704	61,465	724	13,622
Special Visits	M	231	12,475	132	7,061	77	4,008	81	4,420	58	3,047	71	3,149	493	14,260	109	4,735
	F	208	11,239	117	6,242	75	3,859	84	4,632	65	3,401	76	3,379	794	21,142	152	5,787
Major Surgery	M	74	24,592	42	9,316	39	7,724	57	13,575	72	16,220	112	34,519	230	84,780	82	22,673
	F	38	14,309	29	6,096	32	6,014	59	12,330	126	21,396	194	34,302	225	73,248	116	24,117
Minor Surgery	M	85	6,806	144	7,993	110	5,169	165	7,133	110	4,775	98	4,393	106	4,794	118	5,380
	F	29	2,337	86	4,689	70	3,080	127	4,083	120	3,941	101	3,544	86	3,277	103	3,721
Surgical Assists	M	25	1,260	11	533	8	420	19	919	21	954	52	1,918	108	3,787	30	1,228
	F	12	487	6	240	7	323	25	1,444	43	2,256	53	2,207	77	2,973	37	1,750
Obstetrical Services	M																
	F					1	121	119	28,007	110	27,450	—	65			56	13,776
Anaesthesia	M	279	15,565	172	9,672	97	5,386	155	8,290	143	7,797	256	14,629	496	33,980	189	10,975
	F	177	9,221	124	6,635	81	4,599	241	14,721	306	17,840	271	15,542	356	27,261	248	15,097
Radiology Services	M	110	2,593	98	2,100	176	3,848	265	6,963	307	9,123	457	14,326	514	16,475	304	8,845
	F	105	2,610	83	1,765	164	3,677	239	7,308	378	15,678	778	36,588	698	27,744	401	16,239
Pathology Services	M	1,840	21,613	1,383	16,599	1,091	13,123	1,283	15,857	1,725	22,308	3,344	41,843	4,973	59,594	2,070	25,762
	F	1,823	21,197	1,622	18,316	1,492	17,685	5,901	68,010	6,147	75,543	5,764	75,387	6,297	78,017	4,994	61,308
Other Diagnostic & Therapeutic Services	M	291	7,051	527	3,515	924	4,332	609	5,314	672	9,189	1,069	29,069	1,812	52,681	844	14,243
	F	201	5,439	398	3,228	758	4,242	1,054	19,446	1,129	26,147	1,363	29,638	1,548	38,563	1,082	21,881
TOTAL	M	18,795	$529,807	8,752	$217,701	6,327	$140,869	6,114	$148,817	7,207	$172,568	11,339	$293,823	19,938	$550,029	8,909	$223,413
	F	16,971	461,427	8,227	193,996	6,537	140,701	15,088	335,224	16,763	387,896	16,835	399,590	21,467	547,046	14,911	349,541

—: Non-zero value.

NOTES: A. Included are medical services provided in Alberta on a fee-for-service basis.

B. Special Visits include routine home visits, emergency home visits and other home visits.

Distribution of Discrete Medical Patients By Age Group and Sex

TABLE 17

For the Year Ended March 31, 1991

Age Group	Number of Patients		
	Male	Female	Total
Under 1	20,032	18,785	38,817
1 - 4	86,738	82,524	169,262
5 - 14	177,418	169,175	346,593
15 - 24	160,540	190,404	350,944
25 - 44	361,203	432,936	794,139
45 - 64	182,993	197,214	380,207
65 & Older	96,248	126,086	222,334
TOTAL	1,085,172	1,217,124	2,302,296

NOTES: A. "Number of Discrete Patients" contains the actual count of patients receiving at least one medical service on a date-of-payment basis.

B. See notes in "Explanatory Comments".

Distribution of Discrete Patients By Payment Range For Medical Services

TABLE 18

For the Year Ended March 31, 1991

Payment Range	Number of Discrete Patients	% Distribution of Discrete Patients	% Distribution of Payments	% Distribution of Services
$ 0.01 - 10.00	4,460	0.19%	– –%	0.02%
10.01 - 25.00	185,060	8.04%	0.52%	0.61%
25.01 - 50.00	190,314	8.27%	1.00%	1.14%
50.01 - 100.00	375,731	16.32%	3.69%	4.18%
100.01 - 200.00	503,430	21.87%	9.80%	11.39%
200.01 - 400.00	497,916	21.63%	18.96%	21.94%
400.01 - 600.00	216,314	9.40%	14.12%	15.47%
600.01 - 800.00	116,264	5.05%	10.74%	10.93%
800.01 - 1,000.00	70,083	3.04%	8.36%	7.98%
1,000.01 - 1,200.00	44,061	1.91%	6.43%	5.73%
1,200.01 - 1,400.00	28,620	1.24%	4.95%	4.24%
1,400.01 & Over	70,043	3.04%	21.43%	16.37%
TOTAL	2,302,296	100.00%	100.00%	100.00%

– –: Non-zero value.

NOTES: A. "Number of Discrete Patients" contains the actual count of patients receiving at least one medical service on a date-of-payment basis.

B. See notes in "Explanatory Comments".

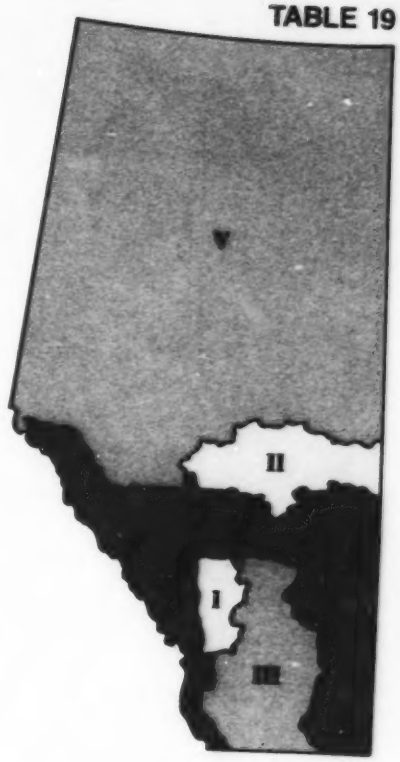
Distribution of Medical Practitioners and Average Payments by Region

TABLE 19

For The Year Ended March 31, 1991

Region	Grand Total		General Practitioners		Specialists	
	Number of Practitioners	Average Payments	Number of Practitioners	Average Payments	Number of Practitioners	Average Payments
I. Calgary	1,392	$184,355	657	$133,121	735	$230,152
II. Edmonton	1,812	188,878	950	125,497	862	258,729
III. Lethbridge	250	166,503	157	164,088	93	170,581
IV. Medicine Hat	93	200,095	54	157,399	39	259,213
V. Peace River	312	152,913	258	158,978	54	123,937
VI. Red Deer	252	163,373	179	156,835	73	179,405
TOTAL	4,111	$181,947	2,255	$137,487	1,856	$235,964

NOTE: See notes in "Explanatory Comments".



Out-of-Country Basic Health Services
Distribution of Fee-For-Service Payments and Number of Services

TABLE 20

For the Year Ended March 31, 1991

	United States		Rest of the World		Total Out-of-Country	
	Number of Services	Payments	Number of Services	Payments	Number of Services	Payments
Medical*	53,296	$2,056,575	11,792	$324,346	65,088	$2,380,921
Oral Surgery	7	393	2	129	9	522
Chiropractic	710	9,316	26	330	736	9,646
Optometry	41	1,357	7	147	48	1,504
Podiatry	57	1,517	3	63	60	1,580
Physical Therapy	376	6,119			376	6,119
TOTAL	54,487	$2,075,277	11,830	$325,015	66,317	$2,400,292

* Does not include medical services which were paid under the Out-of-Province Supplementary Assistance Program or Emergency Financial Assistance Program.

Basic Health Services
Fee-For-Service Payments and Services Per Registration and Patient

TABLE 21

For the Year Ended March 31, 1991

	Total Payments	Number of Services	Cost Per Service	Number of Registrations	Cost Per Registration	Number of Services Per Registration	Number of Patients	Cost Per Patient	Number of Services Per Patient
Medical	$747,982,237	31,093,396	$ 24.06	1,120,233	$667.70	28	2,302,296	$324.89	14
Oral Surgery	10,974,760	73,674	148.96	44,155	248.55	2	46,184	237.63	2
Chiropractic	29,176,338	2,278,540	12.80	205,695	141.84	11	286,436	101.86	8
Optometry	18,095,002*	536,467 +	32.05 +	341,977 +	50.27 +	2 +	468,961 +	36.66 +	1 +
Podiatry	4,053,920	166,936	24.28	44,651	90.79	4	47,867	84.69	3
Physical Therapy	25,818,874	2,510,946	10.28	135,069	191.15	19	145,949	176.90	17
TOTAL	$836,101,131*	36,659,959 +	$22.78 +	1,141,737 +	$731.52 +	32 +	2,386,226 +	$350.01 +	15 +

* Includes $706,095 in retroactive payment adjustments for optometrists relating to the July 1, 1989 fee increase, and $194,344 in retroactive payment adjustments relating to the July 1, 1990 fee increase (see note 27 in "Explanatory Comments").

\+ Excludes retroactive payment adjustments for optometrists relating to the July 1, 1989 and 1990 fee increases.

NOTES:

A. Included are Basic Health Services provided in Alberta on a fee-for-service basis.

B. "Number of Registrations" and "Number of Patients" contain the actual count of discrete registrations and patients receiving services in Alberta on a date-of-payment basis.

C. See notes in "Explanatory Comments".

Fee-For-Service Medical Payments and Services Per Registration and Patient

For the Years Ended March 31

	Total Payments	Number of Services	Cost Per Service	Number of Registrations	Cost Per Registration	Number of Services Per Registration +	Number of Patients	Cost Per Patient	Number of Services Per Patient +	Number of Registered Persons
1987	$588,938,394	26,375,647	$22.33	1,046,477	$562.78	25	2,152,846	$273.56	12	2,462,017
1988	609,324,574	26,874,732	22.67	1,054,882	577.62	25	2,166,055	281.31	12	2,480,943
1989	637,700,792	27,276,842	23.38	1,073,010	594.31	25	2,195,125	290.51	12	2,518,973
1990	693,813,313	28,531,275	24.32	1,097,890	631.95	26	2,252,060	308.08	13	2,568,211
1991	747,982,237	31,093,396	24.06	1,120,233	667.70	28	2,302,296	324.89	14	2,612,691
Percentage Change (%)	7.81	8.98	-1.07	2.04	5.66	7.69	2.23	5.46	7.69	1.73
Annual Average Percentage Change (%)	6.16	4.20	1.88	1.72	4.37	2.87	1.69	4.39	3.93	1.50

\+ Rounded to the nearest whole number.

NOTES:

A. Included are medical services provided in Alberta on a fee-for-service basis.

B. "Number of Registrations" and "Number of Patients" contain the actual count of discrete registrations and patients receiving services in Alberta on a date-of-payment basis.

C. See notes in "Explanatory Comments".

Basic Health Services and Extended Health Benefits
Number of Services and Percentage Changes

TABLE 23

For the Years Ended March 31

	Number of Services				
	1987	1988	1989	1990	1991
BASIC HEALTH SERVICES					
Medical	26,375,647	26,874,732	27,276,842	28,531,275	31,093,396
Percentage Change (%)	4.58%	1.89%	1.50%	4.60%	8.98%
Oral Surgery	74,885	70,894	62,769	62,184	73,674
Percentage Change (%)	10.97%	-5.33%	-11.46%	-0.93%	18.48%
Chiropractic	1,908,708	1,891,672	2,025,540	2,202,163	2,278,540
Percentage Change (%)	3.78%	-0.89%	7.08%	8.72%	3.47%
Optometry	401,011	278,746	411,878	520,193	536,467 +
Percentage Change (%)	4.63%	-30.49%	47.76%	26.30%	3.13%
Podiatry	129,792	133,232	141,801	157,731	166,936
Percentage Change (%)	2.61%	2.65%	6.43%	11.23%	5.84%
Physical Therapy	1,936,437 r	1,939,570 r	2,075,448 r	2,307,940 r	2,510,946
Percentage Change (%)	15.02%r	0.16%r	7.01%r	11.20%r	8.80%
EXTENDED HEALTH BENEFITS					
Dentists	512,958	584,819	595,604	626,049	671,535
Percentage Change (%)	6.90%	14.01%	1.84%	5.11%	7.27%
Denturists	71,979	81,402	84,208	98,685	105,603
Percentage Change (%)	23.57%	13.09%	3.45%	17.19%	7.01%
Optometrists	91,471	89,495	90,214	96,803	98,662
Percentage Change (%)	2.19%	-2.16%	0.80%	7.30%	1.92%
Ophthalmic Dispensers	97,296	102,107	105,728	113,517	121,374
Percentage Change (%)	9.30%	4.94%	3.55%	7.37%	6.92%

r: Revised.

\+ Excludes retroactive payment adjustments for optometrists relating to the July 1, 1989 and 1990 fee increases.

NOTES:

A. Included are services provided in Alberta on a fee-for-service basis.

B. See notes in "Explanatory Comments".

Extended Health Benefits
Fee-For-Service Payments and Services Per Registration and Patient

TABLE 24

For the Year Ended March 31, 1991

	Total Payments	Number of Services	Cost Per Service	Number of Registrations	Cost Per Registration	Number of Services Per Registration	Number of Patients	Cost Per Patient	Number of Services Per Patient
Dentists	$26,036,129	671,535	$38.77	70,037	$371.75	10	86,606	$300.63	8
Denturists	9,735,919	105,603	92.19	23,249	418.77	5	25,374	383.70	4
Optometrists	3,064,205	98,662	31.06	22,288	137.48	4	24,591	124.61	4
Ophthalmic Dispensers	3,794,020	121,374	31.26	27,739	136.78	4	30,553	124.18	4
TOTAL	$42,630,273	997,174	$42.75	108,734	$392.06	9	138,036	$308.83	7

NOTES:

A. Included are Extended Health Benefits provided in Alberta on a fee-for-service basis.

B. "Number of Registrations" and "Number of Patients" contain the actual count of discrete registrations and patients receiving services in Alberta on a date-of-payment basis.

C. See notes in "Explanatory Comments".

Extended Health Benefits
Selected Indicators

TABLE 25

For the Years Ended March 31

	1989	1990	1991	Percentage Change	
				1990/1989	1991/1990
Number of Registered Persons	255,929	264,213	273,019	3.24%	3.33%
Number of Practitioners	1,810	1,843	1,859	1.82%	0.87%
Dentists	1,212	1,234	1,247	1.82%	1.05%
Denturists	169	175	178	3.55%	1.71%
Optometrists	176	171	175	-2.84%	2.34%
Ophthalmic Dispensers	253	263	259	3.95%	-1.52%
Total Payments	$36,065,113	$38,721,220	$42,630,273	7.36%	10.10%
Dentists	22,540,225	23,410,597	26,036,129	3.86%	11.22%
Denturists	7,916,312	9,035,042	9,735,919	14.13%	7.76%
Optometrists	2,576,541	2,852,881	3,064,205	10.73%	7.41%
Ophthalmic Dispensers	3,032,035	3,422,700	3,794,020	12.88%	10.85%
Total Payment Per 1,000 Persons	$ 140,918	$ 146,553	$ 156,144	4.00%	6.54%
Total Services	875,754	935,054	997,174	6.77%	6.64%
Dentists	595,604	626,049	671,535	5.11%	7.27%
Denturists	84,208	98,685	105,603	17.19%	7.01%
Optometrists	90,214	96,803	98,662	7.30%	1.92%
Ophthalmic Dispensers	105,728	113,517	121,374	7.37%	6.92%
Total Number of Services Per 1,000 Persons	3,422	3,539	3,652	3.42%	3.19%
Average Payments	$ 19,925	$ 21,010	$ 22,932	5.45%	9.15%
Dentists	18,598	18,971	20,879	2.01%	10.06%
Denturists	46,842	51,629	54,696	10.22%	5.94%
Optometrists	14,639	16,684	17,510	13.97%	4.95%
Ophthalmic Dispensers	11,984	13,014	14,649	8.59%	12.56%
Discrete Patients	124,205	131,892	138,036	6.19%	4.66%
Discrete Patients Per Practitioner	69	72	74	4.35%	2.78%

NOTES: A. Only fee-for-service items paid to practitioners in Alberta are included.

B. See notes in "Explanatory Comments".

Extended Health Benefits
Percentage Changes in the Schedule of Benefits

TABLE 26

Effective Date \ Discipline	Dentists	Denturists	Optometrists	Opthalmic Dispensers
	(%)	(%)	(%)	(%)
July 1, 1974	5.56	5.88	Nil	Nil
January 1, 1976	9.00	9.00	9.00	9.00
January 1, 1977	7.00	7.00	7.00	7.00
January 1, 1978	6.47	6.47	6.47	6.47
January 1, 1979	7.00	36.00	7.00	7.00
July 1, 1979	Nil	8.00	Nil	Nil
January 1, 1980	10.50	7.00	8.50	8.50
January 1, 1981	11.60	11.00	38.30*	36.50*
January 1, 1982	18.70	12.00	13.00	13.00
January 1, 1983	5.00	5.00	5.00	5.00
April 1, 1986	4.65	4.65	4.65	4.65
August 1, 1989	4.50	5.30	Nil	5.70
September 30, 1989	Nil	Nil	5.70	Nil
August 1, 1990	3.00	Nil	3.00	3.00
October 1, 1990	Nil	3.00	Nil	Nil

* Effective January 1, 1981, the rate payable to optometrists and ophthalmic dispensers for new frames was increased from $7.30 to $30.00, while the rates payable for all other optometric benefits were increased by 11.00%. The overall increases in the Benefit Schedules for optometrists and ophthalmic dispensers were not the same due to differences in the utilization patterns of the two disciplines.

NOTE: The Extended Health Benefits Program was introduced on January 1, 1974.

Alberta Blue Cross Non-Group Membership
Registrations and Persons Covered by Level of Premium Payment

TABLE 27

At March 31

		Regular Premium Rates			Reduced Premium Rates			Registrant or Spouse Age 65 or Older			Widows' Pension			Total		
		1989	1990	1991	1989	1990	1991	1989	1990	1991	1989	1990	1991	1989	1990	1991
One Person	Registrations	16,393	16,969	16,667	9,021	8,023	7,387	97,218	100,960	104,086	3,193	3,024	2,848	125,825	128,976	130,988
	Persons	16,393	16,969	16,667	9,021	8,023	7,387	97,218	100,960	104,086	3,193	3,024	2,848	125,825	128,976	130,988
Two Persons	Registrations	13,757	14,132	14,310	5,910	5,359	4,843	71,754	74,341	77,408	282	254	249	91,703	94 086	96,810
	Persons	27,514	28,264	28,620	11,820	10,718	9,686	143,508	148,682	154,816	564	508	498	183,406	188,172	193,620
Three or More	Registrations	20,625	20,027	18,831	8,056	7,128	6,099	3,448	3,343	3,246	14	11	11	32,143	30,509	28,187
Persons	Persons	83,623	81,209	76,654	34,066	30,416	26,106	11,337	10,944	10,682	109	95	89	129,135	122,664	113,531
TOTAL	Registrations	50,775	51,128	49,808	22,987	20,510	18,329	172,420	178,644	184,740	3,489	3,289	3,108	249,671	253,571	255,985
	Persons	127,530	126,442	121,941	54,907	49,157	43,179	252,063	260,586	269,584	3,866	3,627	3,435	438,366	439,812	438,139

NOTES:

A. Those who were eligible for Basic Health Services at reduced premium rates were eligible for Alberta Blue Cross Non-Group coverage at reduced premium rates, but were not exempted from payment of the premium.

B. See notes in "Explanatory Comments".

Alberta Blue Cross Non-Group Membership
Persons Covered by Age and Sex

TABLE 28

At March 31

Age	Male			Female			Total		
	1989	1990	1991	1989	1990	1991	1989	1990	1991
Under 1	1,353	1,132	1,038	1,225	1,130	985	2,578	2,262	2,023
1 - 4	5,783	5,483	4,810	5,511	5,034	4,552	11,294	10,517	9,362
5 - 14	15,389	14,794	13,795	14,234	13,846	12,795	29,623	28,640	26,590
15 - 24	15,647	14,578	13,646	15,460	14,512	13,510	31,107	29,090	27,156
25 - 44	23,930	22,701	20,851	27,225	26,180	24,087	51,155	48,881	44,938
45 - 64	35,451	35,115	34,432	57,156	56,887	56,729	92,607	92,002	91,161
65 & Older*	95,879	99,178	102,789	124,123	129,242	134,120	220,002	228,420	236,909
TOTAL	193,432	192,981	191,361	244,934	246,831	246,778	438,366	439,812	438,139

* The number of persons in this age group differs from the number of persons shown in Table 8 as only those registrations where the age of the person 65 years or older has been verified are provided with premium exempt Alberta Blue Cross coverage.

Out-of-Province Supplementary Assistance Program and Emergency Financial Assistance Program Applications Reviewed

TABLE 29

For the Years Ended March 31

	Applications			Approved			Refused			Amount Paid					
										Medical Services			Hospital Services		
	1989	1990	1991	1989	1990	1991	1989	1990	1991	1989	1990	1991	19089	1990	1991
Required Services Not Available In Alberta	214	186	271	160	142	201	54	44	70	$817,695	$1,042,883	$1,161,764	$2,071,502	$2,262,439	$4,526,260
Emergency Services	24	9	8	22	1	4	2	8	4	58,259	13,563	27,319	207,289	58,046	125,833
TOTAL	238	195	279	182	143	205	56	52	74	$875,954	$1,056,446	$1,189,083	$2,278,791	$2,320,485	$4,652,093

NOTE: See notes in "Explanatory Comments".